

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

791  
1003

8071

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. City Infirmary)

File No.....  
Registered No. 2074  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 5600 Armand St. St. 13 Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/33 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 2/1/33, 1933, to 2/27/33, 1933.  
I last saw him alive on 2/27/33, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12<sup>th</sup> 1852

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 2 15

Chronic Myocarditis  
Jan 9 33  
152 9/3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
Sinility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME FRANK GOOD-

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Johanna Triple

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs. Effinger  
(ADDRESS) 5800 Berdell

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar 7 1933

19. UNDERTAKER Dr. H. H. Kunkin & Co.  
(ADDRESS) 7847 Michigan St.

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Lewis S. Ent, M. D.  
(Signed) Lewis S. Ent  
(Address) 5600 Armand St.

20. FILED MAR - 1 1933 May O. W. W. W.  
Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

