

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

Do not use this space.

11057

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township _____ Primary Registration District No. _____
City Richmond Heights No. St. Marys St. _____ Ward _____

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 603 S Berry St. _____ Ward West Glendale Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilhelmina DeCoster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 29 - 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gardner</u>	11. Total time (years) spent in this occupation <u>40yr</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-9-31</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgium</u>		
MOTHER / FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgium</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgium</u>		
17. INFORMANT (ADDRESS) <u>Paul DeCoster</u> <u>Weston Groves</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>Mar 20 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Jones</u> <u>Weston Groves</u>		
20. FILED <u>3/20 1933</u> <u>Rott, J. Ambrose</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 - 1933

22. I HEREBY CERTIFY That I attended deceased from Mar 11 - 1933, to Mar 18 - 1933
I last saw him alive on Mar 18 - 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Pneumonia Bronchial
59
82 A
107 A
J2 A
Other contributory causes of importance:
Arterio Sclerosis
Hyperglycemia
Date of onset:
3-11-33
3-14-33

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

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Walter E. Easton, M. D.
(Address) Weston Groves, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 28 1933

