

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

Do not use this space.

11165

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. City Hospital)

File No.....

Registered No.....

2208

St. Ward)

2. FULL NAME

(a) Residence, No. 3763 Palomac St.

(Usual place of abode)

Ward. 16

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30th 1859

7. AGE YEARS 73 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairing meters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Massoutah (STATE OR COUNTRY) Illinois

13. NAME Ed. Rider

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

15. MAIDEN NAME Elyza Postwick

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Markus DATE March 7 1933

19. UNDERTAKER (ADDRESS) E. J. Schmus

20. FILED 6-19-33 City Hospital Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1933, to Mar. 4th 1933

I last saw him alive on Mar. 4th 1933 Death is said

to have occurred on the date stated above, at 3:30 PM

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

Bronchopneumonia Date of onset 3-1-33
93°C
82°F
107°F 93°C

Other contributory causes of importance:

Coronary Hemorrhage 2-24-33
Left Hemiplegia 2-24-33
Chronic Amyloidosis 2-24-33

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?.....

If so, specify.....

(Signed) Arthur A. ..., M. D.

(Address) City Hospital

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.

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Handwritten mark or signature at the top right corner.