

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

Do not use this space.

11555

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Joseph Hosp) St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2629  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 12 Ward. Jonesburg 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5-1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		DAYS
		<u>12</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>Child</u>	11. Total time (years) spent in this occupation <u>10</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonesburg Mo.</u>	
FATHER	13. NAME <u>James E. Maurer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonesburg Mo.</u>	
	15. MAIDEN NAME <u>Helen Hunter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonesburg Mo.</u>	
17. INFORMANT (ADDRESS) <u>James E. Maurer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jonesburg Mo.</u>	DATE <u>Mar. 19, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Thibault &amp; Co</u>		
20. FILED	APR 20 1933	<u>W. E. Hartley</u> Registrar.

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8-33, 19\_\_\_\_, to 3-17, 1933

I last saw him alive on 11:45 3-17-1933. Death is said to have occurred on the date stated above, at 12 P. m.  
 The principal cause of death and related causes of importance were as follows:

5 Bronchial pneumonia of both right and left lungs. Empyema. Left pleural cavity. Multiple abscesses of rt. lung.

Other contributory causes of importance:  
severe toxemia due to massive infection

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) R. A. Ritter, M. D.  
 (Address) 307, S. Euclid, St. Louis Mo.

WHITE 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.

