

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *797*
Township..... Primary Registration District No. *90163*
City *St. Louis Mo.* (No. *Sanatargum*)

File No. *11718*
Registered No. *2797*
St. _____ Ward)

2. FULL NAME

(a) Residence, No. *1030 Geyer* St., *13* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *56* yrs. *8* mos. *1* 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

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 21, 1876*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 *8* *8*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *"*

15. MAIDEN NAME *"*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *"*

17. INFORMANT *W. F. McClaine M.D.*
(ADDRESS) *5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Picker* DATE *Mar 24, 1933*

19. UNDERTAKER *Wm. G. Moydell*
(ADDRESS) *Allen*

20. FILED *MAR 21 1933*
Wm. C. Starvo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 21, 1933*
22. I HEREBY CERTIFY that I attended deceased from *July 1st, 1930* to *Mar 21st, 1933*
last saw *him* alive on *Mar 21st, 1933* Death is said to have occurred on the date stated above, at *6:15* m.
The principal cause of death and related causes of importance were as follows:

Date of onset *8/3/17*
Epilepsy
Chronic Myocarditis
Other contributory causes of importance:
7/1/30

Name of operation _____ Date of _____
What test confirmed diagnosis? *Clinical* Was there an autopsy? _____

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) *William F. McClaine* M. D.
(Address) *5400 Arsenal St*

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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