

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

Do not use this space.

14413

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland (No. _____)

Registration District No. 789
Primary Registration District No. 6133

File No. _____
Registered No. 110
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Colby + maple St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. - 0 mos. - 0 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andia Julian
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28-1873
7. AGE YEARS 59 MONTHS 5 DAYS 12 If LESS than 1 day,hrs. ormin. #3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter + elec.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Geo. Julian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Andia Julian

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 4-12-33

19. UNDERTAKER (ADDRESS) W. W. Woodson Overland, Mo.

20. FILED 4-11-1933 G. J. G. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to April 10, 1933. I last saw him alive on April 9, 1933. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

chronic myocarditis
bronchial asthma
131
131
Other contributory causes of importance:
chronic bronchitis
nephritis

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) W. W. Woodson, M. D.
(Address) 3115 Pa. Grand.

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.

MARGIN RESERVED FOR BINDING

1933
96

Mr. C. W. Lamm
3115 S. Grand
between 2 & 4 pm.