

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

Do not use this space.

15275

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
 Township St Louis Primary Registration District No. 1003  
 City St Louis (No. 7628, Alabama) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3822

**2. FULL NAME**

(a) Residence, No. 7628 Alabama St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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 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 Mary Jay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
65 10 11

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

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) (STATE OR COUNTRY) Germany

13. NAME Frederick Jay

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

15. MAIDEN NAME U Kanna

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

17. INFORMANT Mary Jay (ADDRESS) 7628 Alabama

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lane DATE 5/39

19. UNDERTAKER Southern (ADDRESS) 6322 Park Lane

20. FILED 27 1933 W. O. Starck Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15<sup>th</sup> 1933, to April 26<sup>th</sup> 1933.  
 I first saw him alive on April 26<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 12:25 PM.

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

Hypostatic pneumonia  
130  
1110/30

Date of onset

Other contributory causes of importance:  
Acute Myelitis

Name of operation none 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 none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_

(Signed) Bernard Bloch, M. D.  
 (Address) 3522 Orangel, St Louis Mo

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.

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

10  
10  
10

