

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

Do not use this space.

18167

1. PLACE OF DEATH

County Registration District No. 707
Township Primary Registration District No. 1001
City St. Louis Mo. (No. 1135 Frey St)

File No.
Registered No. 4376
St. Ward)

2. FULL NAME

(a) Residence, No. 1135 Frey St. 23 Ward.

(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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 71

OCCUPATION 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) Ireland

FATHER 13. NAME Unknown Collier

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Andrew Simpson 1135 Frey St

18. BURIAL, CREMATION, OR REMOVAL PLACE Celvary Cemetery DATE May 20 1933

19. UNDERTAKER (ADDRESS) E. H. Schurer 51257 Kajmyth av

20. FILED 47 19 1933 J. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1933, to May 18 1933

I last saw him alive on May 17 1933 Death is said

to have occurred on the date stated above, at 11.10 AM.

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

Chronic Myocarditis 4/17/33
None
Other contributory causes of importance: 930

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify. William Smith M. D.

(Signed) William Smith M. D.

(Address) 1319 S. Broadway

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.

