

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

Do not use this space.

18413

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1008**  
City **St Louis Mo** (No. **3215 Eads av**) St..... Ward)

File No.....  
Registered No. **4668**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. **3215 Eads av** of **17** 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **M** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Agnes Clyne**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 27 - 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**81 1 28**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Maker**

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) **Canada**

13. NAME **Unknown Clyne** 9

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Agnes Clyne 3215 Eads av**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem** DATE **May 27 1933**

19. UNDERTAKER (ADDRESS) **John L. Ziegenhain & Sons 7027 Lafayette av**

20. FILED **1** 19 **33** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25 1933**

22. I HEREBY CERTIFY That I attended deceased from **May 2 1933** to **May 25 1933**  
I last saw him alive on **May 25 1933** Death is said to have occurred on the date stated above, at **4 P** m.

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

**Chronic Myocarditis** Date of onset **131 930 131**

Other contributory causes of importance: **Chronic Interstitial Nephritis**

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?.....  
If so, specify **Otto C. Hansen**, M. D.  
(Signed) **3156 Park av**  
(Address)

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.

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