

**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. 791  
Township..... Primary Registration District No. 1892  
City St. Louis Mo. (No. City, Sanitarium) St. .... Ward)

File No. 21539  
Registered No. 5329  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5455 Floreigne St., 2 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) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1864  
7. AGE YEARS 69 MONTHS 2 DAYS 13 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown  
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) not known 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) St. Louis, Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Dr. Mullins, M.D. (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Churchyard DATE 6-20-33

19. UNDERTAKER (ADDRESS) Thos. Neiderle  
2331 1/2 Broadway  
July 13 1933

20. FILED J. F. Blodock Registrar. 19 33

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 18 1933

22. I HEREBY CERTIFY That I attended deceased from June 5, 1933 to June 18, 1933  
I last saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

93C  
102  
Chronic Myocarditis 6-5-33  
930  
Other contributory causes of importance:  
Hypertension 6-5-33  
Senile Dementia 6-5-33

8 Name of operation Cholecystectomy Date of 6-5-33  
What test confirmed diagnosis Cholecystectomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19 33  
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 Chronic Myocarditis  
(Signed) Dr. Mullins M. D.  
(Address) 5400 Arsenal

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.

