

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

Do not use this space.

21602

1. PLACE OF DEATH

County..... Registration District No. 427
 Township..... Primary Registration District No. 10002
 City St. Louis Mo. City Hospital #2 St. Ward) 2

File No.
 Registered No. **5398**

2. FULL NAME

(a) Residence, No. 170 21 Bellegrade St. 11 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-27-1867</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>9</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		

MOTHER FATHER	13. NAME <u>George W. Claster</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	17. INFORMANT (ADDRESS) <u>A. L. G. O'Leary</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) <u>Washington</u> DATE <u>Apr 27</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>W. J. G. G. G.</u>	
20. FILED <u>4197</u> 19 <u>33</u> <u>J. J. Bredeck</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1933 to 6-20-1933
 I last saw him alive on 6-20-1933 Death is said to have occurred on the date stated above, at 9:25 m.
 The principal cause of death and related causes of importance were as follows:

131 Chronic Myocarditis 930 162	131
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Other contributory causes of importance:
 Chronic nephritis
 8 Sinusitis

Name of operation..... Date of..... 70
 What test confirmed diagnosis? Cholera 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?.....
 If so, specify Cholera
 (Signed) Cholera, M. D.
 (Address) City Hosp #2

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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