

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

Do not use this space.

**21628**

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. ....

City St. Louis (No. City Hospital)

File No. ....

Registered No. 5427

St. .... Ward)

# 4275

**2. FULL NAME**

(a) Residence, No. 3676 of Blaine Ward 18  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Clebra

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd - 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>77</u>	<u>7</u>	<u>19</u>	

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

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 13 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois

13. NAME Joseph Clebra

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

15. MAIDEN NAME Julia Wadish

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 24, 1933

19. UNDERTAKER (ADDRESS) Thomas F. Fagan 1514 31st Street St. Louis

20. FILED 11 22 1933 J. F. Budeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 21, 1933

I last saw him alive on June 21, 1933. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

An exacerbation of chronic pyelonephritis  
Benign hypertrophy of prostate  
3rd degree urinary retention

Name of operation none Date of 7  
What test confirmed diagnosis none 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 7, 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 no  
(Signed) M. J. Macneil M. D.  
(Address) City Hospital

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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