

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

Do not use this space.

24390

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 F
 City (No. St. Rose Hospital) File No. _____
 Registered No. 235 _____
 _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Washington Hills Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 # 1 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
 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) Memphis Tenn

MOTHER FATHER
 13. NAME John P. Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

15. MAIDEN NAME Gertrude Slater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peduncak Ky

17. INFORMANT Mrs Mrs Speerlager
 (ADDRESS) 1971 Alfred

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valencia DATE 7/20 19. 33

19. UNDERTAKER A. Ron Yundt Co
 (ADDRESS) 2707 N Grand Blvd

20. FILED July 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1933
 22. I HEREBY CERTIFY, That I attended deceased from 9/14; 1932, to 7/17, 1933
 I last saw h. ed alive on 9/17, 1933 Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis

23A

23

Other contributory causes of importance: _____

Date of onset _____

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 _____

(Signed) C. W. Ehlern, M. D.
 (Address) 9101 St. Andrews

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.

AUG 20 1933

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