

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

Do not use this space.

24931

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 11.25

City St. Louis (No. City Hospital)

File No.

Registered No. 6348

St. Ward)

2. FULL NAME

(a) Residence, No. 1926a Sullivan Ward. 76
(Usual place of abode) (If nonresident, give city or town and State)

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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1855
7. AGE YEARS 77 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retraction Smith
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) Henrywood Ohio
13. NAME Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Frank J. Madrud, Rev.
(ADDRESS) City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lotw. Mo. DATE July 24, 1933

19. UNDERTAKER W. J. Leidner, M.D., Co.
(ADDRESS) 1487 N. Park St. St. L.

20. FILED 77-119
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1933, to 7-21, 1933

I last saw him alive on 7-21, 1933 Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Chronic Myocarditis
Senility
1933
1933
Other contributory causes of importance:
Date of onset

Name of operation Date of
What test confirmed diagnosis? clin. 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? No
If so, specify

(Signed) J. F. Bredeck M. D.
(Address) City Hosp #1

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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