

**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. **1003**

City *St. Louis* (No. *City Hospital*)

File No. **25197**

Registered No. **6624**

2. FULL NAME

(a) Residence, No. *107 Ozman Street House*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *34* 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 *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 5 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 24

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

13. NAME *Joseph Morris*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *?*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *?*

17. INFORMANT (ADDRESS) *Hosp. St. M. Kemp City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington* DATE *1/31/33*

19. UNDERTAKER (ADDRESS) *Walter Richter 3400 Rutgers St. CUL, 51 1933*

20. FILED *J. Brodeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28, 1933*

22. I HEREBY CERTIFY That I attended deceased from *July 7, 1933*, to *July 28, 1933*
I last saw him alive on *7-28-33* Death is said to have occurred on the date stated above, at *6:10 PM* m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
92A 92B 92C 92D 92E 92F 92G 92H 92I 92J 92K 92L 92M 92N 92O 92P 92Q 92R 92S 92T 92U 92V 92W 92X 92Y 92Z

Other contributory causes of importance:
Arteriosclerosis
Rt. Bundle Branch Block
Name of operation *Arteriosclerosis* Date of *?*
What test confirmed diagnosis? *Arteriosclerosis* 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.....
(Signed) *H. B. Glend* 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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