

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

Do not use this space.

U276417

1. PLACE OF DEATH

County St. Louis
Township Central
City Gleyton University City

Registration District No. 1160
Primary Registration District No. 4470
707 North & South Rd.

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME

Josef Candy

(a) Residence, No. 707 North & South Rd. Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*insert the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th, 1963

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) England

13. NAME Walter Candy

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

15. MAIDEN NAME Unknown Weaver

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

17. INFORMANT (ADDRESS) Abbigal Candy
707 North & South Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Aug. 21st, 1933

19. UNDERTAKER (ADDRESS) Drehmann Herral
1905 Union Blvd.

20. FILED Sept. 16, 1933 Desai J. Maller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933 to Aug 18, 1933

I first saw him alive on Aug 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:

Arteriosclerosis
97
91
Date of onset SEVERAL
years
duration

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. Herral M. D.
608 Kempton Ave
(Address)

SEP 26 1933

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.

