

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

Do not use this space.

27890

1. PLACE OF DEATH

County.....
Township.....
City *St Louis Mo* (No.)

Registration District No. *701*
Primary Registration District No.

File No.....
Registered No. *6956*
St. Ward)

2. FULL NAME

(a) Residence, No. *8* *Frederic St* Ward *2-5*
(Usual place of abode) (If nonresident, give city or town and State)
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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Unknown</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Unknown</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS <i>79</i>	MONTHS <i>5</i>	DAYS <i>5</i>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>nil</i>		
10. Date deceased last worked at this occupation (month and year) <i>Sweden</i>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Sweden</i>		
MOTHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>"</i>	
	15. MAIDEN NAME <i>"</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>"</i>	
17. INFORMANT (ADDRESS) <i>M. Kortaa</i>		
18. BURIAL, CREMATION OR REMOVAL PLACE <i>St. Peter's</i> DATE <i>8/11 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. Adamus</i> <i>4834 Natural Bridge Ave</i>		
20. FILED <i>UG 11 1933</i> <i>J. F. Bredetke</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 9*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 8*, 19*33* to *Aug 9*, 19*33*
I last saw him alive on *Aug 9*, 19*33* Death is said to have occurred on the date stated above, at *12:30* a.m.
The principal cause of death and related causes of importance were as follows:
Meningitis
79A
79A
Date of onset

Other contributory causes of importance
79A

Name of operation *None* Date of
What test confirmed diagnosis? *clinical* Were an autopsy *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* Date of injury....., 19.....
Where did injury occur? *No*
(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) *John Eschenbrenner* M. D.
(Address) *ISOLATION 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

