

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

Do not write on this space
88806

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **100**
City **St. Louis, Mo** (No. **City Infirmary**) St. **D 2** Ward

File No.
Registered No. **7451**
St. **D 2** Ward

2. FULL NAME

(a) Residence, No. **5800 General St.** Ward. **13**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **Life** 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**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 13-1861**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Miller**
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) **City - St. Louis Mo**

FATHER 13. NAME **William Vance**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Julia Jordan 5800 General**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Aug 19 1933**

19. UNDERTAKER (ADDRESS) **J. H. Gebken & Co. 734 1/2 Michigan St.**

20. FILED **7 Bredeck** Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/26**, 19**33**
22. I HEREBY CERTIFY That I attended deceased from **11/26**, 19**33**, to **8/24**, 19**33**
I last saw him alive on **8/24**, 19**33** Death is said to have occurred on the date stated above, at **9:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
9:30
Q
Other contributory causes of importance:
1

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?.....
If so, specify.....
(Signed) **Geo. Neigman**, M. D.
(Address) **Cal. 2 Loop**

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.

SEP 26 1933

