

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

Do not use this space.

30757

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 3037  
 City Kirkwood (No. 439 West Jefferson)  
 Registered No. 217  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alonso Medeiros  
 (a) Residence, No. 598 N Taylor Ave St. \_\_\_\_\_ Ward Kirkwood  
 (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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 87

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

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) Unknown

MOTHER FATHER

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Chas S Brown  
 (ADDRESS) 598 N Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Unknown DATE Sept 20 1933

19. UNDERTAKER Louis N Brupp  
 (ADDRESS) Kirkwood Mo

20. FILED 9-18-1933 G. E. Barnett M.D.  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-33

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1933 to 9-18, 1933  
 I last saw him alive on 9-18-33 1933 Death is said to have occurred on the date stated above, at 20 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Venous Thrombosis Date of onset 131  
132  
131  
 Other contributory causes of importance Arteriosclerosis

Name of operation m Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 of injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) G. E. Barnett M. D.  
 (Address) 240 E. State

WRITE PLAINLY, WITH UNFADEING 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.

331

APR 3 1944