

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

Do not use this space.

31384

**1. PLACE OF DEATH**

County..... Registration District No. 7811  
Township..... Primary Registration District No. 11003  
City..... St. Louis (No. 303<sup>a</sup>, Cedar St.)

File No.....  
Registered No. 8123  
St. .... Ward)

**2. FULL NAME**

James P. Wooster  
(a) Residence, No. 303<sup>a</sup> Cedar St., 27 Ward.  
(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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-5-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>64</u>	<u>9</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>mail clerk</u>
	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) Tennessee

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Howard H. Schulz  
(ADDRESS) Coroner's Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE 9/20 1933

19. UNDERTAKER Robert Brown  
(ADDRESS) 3059 N. Laramie

20. FILED 18 1933  
J. H. Brubaker  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No physician attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-33 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic Myocarditis  
93 C  
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? .....  
If so, specify.  
(Signed) Howard H. Schulz  
(Address) Deputy Coroner

9/18/33

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.

OCT 20 1933

