

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 301
 Township St. Louis Primary Registration District No. 2700
 City St. Louis (No. City Hospital 2700) St. Ward)

File No. 31857
 Registered No. 9012

2. FULL NAME

(a) Residence No. 905 Market St. 25 Ward. (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) Widower

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 75 ✓ ✓

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

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

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) New York

13. NAME W. H. Nowa

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

15. MAIDEN NAME

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

17. INFORMANT Harold N. Scheels
 (ADDRESS) Covered Office 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE 10/19 19. 1933

19. UNDERTAKER Peter B. ...
 (ADDRESS) 3029 Lafayette Ave

20. FILED 601 18 1933 J. H. Beedeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 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 9:40 a.m.

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

Shock + Injuries sustained
fever, following fall
Cause and means unknown
1867
1868
occurred

Other contributory causes of importance:

1868

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 9/15 1933

Where did injury occur? St. Louis
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury unknown

Nature of injury fracture + trauma

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Nowa

(Address) Deputy Coroner

10/18/33

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.

NOV 10 1933

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