

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

Do not use this space.

35220

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital #1)

File No.....
Registered No. 9443
St..... Ward)

2. FULL NAME

(a) Residence, No. 312 Cook Ave 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
act 73 ✓ ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Tennessee

MOTHER FATHER 13. NAME W. H. TOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Harold H. Schulz
(ADDRESS) corner of 1st

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller's field DATE 11/5/33

19. UNDERTAKER Peet Bros.
(ADDRESS) 3024 Lafayette Ave

20. FILED NOV 11 1933
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 6:30, 19..... Death is said to have occurred on the date stated above, at 6:30 m.

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

Chronic Interstitial nephritis
Date of onset

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Y

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) J. P. Deane M. D.
(Address) 1121 1/2 St. Louis

11/2/33

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.

JAN 3 1934

