

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

Do not use this space.

38032
9661

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **302**
 City St. Louis (No. 924^a, Allen Ave St. Ward)

2. FULL NAME

(a) Residence, No. 924^a Allen Ave St., 23 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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Ann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 | 0 | 22

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Storekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept
 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) St. Louis Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Chas Koch 1317 Allen Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Paul DATE Nov 16 1933

19. UNDERTAKER (ADDRESS) Wacker - Helderle 2331 Broadway

20. FILED 101-4 1933 J F Bedecki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1933

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1933, to November 7, 1933

I last saw him alive on November 7, 1933 Death is said to have occurred on the date stated above, at 1950 m.

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

Mediastinal cancer

Date of onset
July
20
1933

Other contributory causes of importance.....

Name of operation..... None Date of.....

What test confirmed diagnosis? Clinical 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? No

If so, specify.....

(Signed) Comynck, M. D.

(Address) 22785 Jefferson

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 8

OCCUPATION

MOTHER FATHER

112
100

100
100

100
100

100
100

100

100

100

100

100

100

100