

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. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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

Do not use this space.

38600

1. PLACE OF DEATH

County St. Louis Registration District No. 191
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. City Haupt)

File No. 10268
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2950 Dunbar St., 16 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 18 49</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>
	DAYS <u>25</u>	IF LESS THAN 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
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)
St. Louis, Mo.

13. NAME
W. A. P. 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

15. MAIDEN NAME
W. A. P. 8

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo.

17. INFORMANT
W. A. P. 8
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE
Memorial Park, Nov 29 1933

19. UNDERTAKER
E. J. Schurr
(ADDRESS) 3125 Lafayette Av.

20. FILED
Nov 29 1933
J. A. Bredbeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1933 to 11-26 1933

I last saw him alive on 11-26 1933. Death is said to have occurred on the date stated above, at 7:19 a.m.

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

arterio-sclerotic heart dis. (Ch. Myocarditis)

hemiplegy 936
950

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? lum. 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 or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) J. A. Bredbeck, M. D.

(Address) City Haupt

