

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

Do not use this space.

41833

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **703**
City *St. Louis* (No. *City, Haarp.*)

File No.....
Registered No. **10880**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *5701 Magazine 6* 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 *2* 4. COLOR OR RACE *w.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 23 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 14

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

13. NAME *Unknown*

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

15. MAIDEN NAME *Carpine Lind*

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

17. INFORMANT (ADDRESS) *Haarp Inf. Co. Haarp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem* DATE *Dec 20* 19*33*

19. UNDERTAKER (ADDRESS) *Geo. D. Platko 2100 5866 East Ave.*

20. FILED *DEC 19 1933*

J. A. Bredeck
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 17* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *12/5* 19*33*, to *12/17* 19*33*
I last saw him alive on *12/11* 19*33*. Death is said to have occurred on the date stated above, at *7* a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
93C
82D
97
Other contributory causes of importance:
Hypertension
Stenosis Pericardii
Cor Pulmonale
Date of onset *12-5-33+*

Name of operation..... 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?.....
If so, specify.....
(Signed) *Arthur A. Hines*, M. D.
(Address) *City Haarp*

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.

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