

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

Do not use this space.

42052

File No. 11106
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 3419 9th Union Ave)

2. FULL NAME

(a) Residence, No. 3419 9th Union Ave 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 4 —

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

13. NAME Wm. J. Willmuring

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

15. MAIDEN NAME Madysa Mutter

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

17. INFORMANT Wm. J. Willmuring
(ADDRESS) 3419 9th Union Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Nov 27, 1933

19. UNDERTAKER Drazenburg, Wink & Co.
(ADDRESS) 4740 26th St. St. Louis

20. FILED 11 14 1933
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 to Dec 25, 1933

I last saw him alive on Dec 26, 1933 Death is said

to have occurred on the date stated above, at 1:50 p. m.

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

Pulm. Tuberculosis Date of onset _____

23A

Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) B. W. Slay White, M. D.

(Address) 4000 Meru

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 26 1934

H. H. Webb

Lister B. Webb