

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

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

Do not use this space.

42094

791
1003

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St Louis (No. 4405, wallace st) St. _____ Ward _____

File No. _____
Registered No. 11149 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4405 Wallace St. 15 Ward.

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Clara Betty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4-1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>—</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	<u>95</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Iron</u>	<u>97</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1933</u>	11. Total time (years) spent in this occupation. <u>47 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berger Missouri</u>		
MOTHER	13. NAME <u>John Betty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Clara Betty</u> (ADDRESS) <u>4405 Wallace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>17/28</u> <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Biedermeier Funeral Home, Inc</u> <u>1936 St Louis Ave</u>		
20. FILED <u>DEC 28 1933</u> <u>J. F. Brebeck</u> Registrar.		

2 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 10, 1933, to Dec 25, 1933
I last saw him alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:
cardiac dropsy
contributory: arterio
sclerosis
Other contributory causes of importance:
arterio sclerosis

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) Dr. M. Fred Hill, D.C. M. D.
(Address) 328 Suburban
Bergeron Mo

