

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 26 1934

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

Do not use this space.

42139

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *City Hosp*)

File No.
Registered No. **11211**
St. Ward)

2. FULL NAME

(a) Residence, No. **6927 Pennsylvania** Ward. **1**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W.** 9. 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 7 - 1913**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **20 11 11**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Cumman**
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) **North Dakota**

MOTHER FATHER
13. NAME **May Reinhold**

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

15. MAIDEN NAME **Helen Matthew**

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

17. INFORMANT (ADDRESS) **Hosp City Hosp**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Church** DATE **Jan 2**, 19**34**

19. UNDERTAKER (ADDRESS) **Jos. P. Pendergast**

20. FILED **DEC 29 1933** **J. A. Bredeck** Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 28**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **12/28**, 19**33**, to **12/28**, 19**33**. I last saw him alive on **12/28**, 19**33**. Death is said to have occurred on the date stated above, at **2:45** p. m.

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

Brain Tumor
Type Unknown
Other contributory causes of importance: **55D 87B**
Name of operation **12/27/33** Date of operation
What test confirmed diagnosis? **Consistency** Was there an autopsy? **yes**

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 **J. J. Davis** (Signed) **J. J. Davis**, M. D. (Address) **City Hospital**

