

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

Do not use this space.

1270

1. PLACE OF DEATH

County Bachman
Township St. Louis
City St. Louis (No. 6027 East 13)

Registration District No. 330
Primary Registration District No. 8002
St. East 13 Ward

File No. 241
Registered No. 241
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 6027 East 13 St. _____ Ward _____

(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 Widower (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 74 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocer
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) Illinois

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Gunter (ADDRESS) 6027 East 13

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Jan 18 1934

19. UNDERTAKER A. P. Doshier (ADDRESS) 1415 East 13

20. FILED Jan 17 1934 M. M. Grover Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1934 to Jan 16 1934

I last saw him alive on Jan 16 1934. Death is said to have occurred on the date stated above, at 11:07 m.

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

Bronchitis
Ruptured aortic aneurysm
1270
Other contributory causes of importance _____

Date of onset Jan 14

Name of operation None Date of _____
What test confirmed diagnosis? Read out 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? No
If so, specify _____

(Signed) C. E. Stamp, M. D.
(Address) 3846 Chestnut St.

MARGIN RESERVED FOR BINDING

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.

U. S. NO. 2

FEB 2 1934

