

FEB 27 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1710

1. PLACE OF DEATH

County ToddRegistration District No. 449Township 1Primary Registration District No. 4267City St. Louis(No. 1)File No. 1710Registered No. 1710St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. 1 St. St. Louis Ward 1
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 18667. AGE YEARS 67 MONTHS 6 DAYS 6 If LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Printer

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. Louis13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT W. D. Kuhn (ADDRESS) St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 1-31-3419. UNDERTAKER Palmer (ADDRESS) St. Louis20. FILED 2/2 1934 J. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 25 - 193422. I HEREBY CERTIFY That I attended deceased from Jan 25, 1934 to Jan 25, 1934. I last saw him alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Jan 25 - Cerebral Hemorrhage Date of onset 1-25-34Other contributory causes of importance: 822Name of operation 822 Date of 1-25-34What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury 1-25-34

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 822Nature of injury 822

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. McComb, M. D.(Address) St. Louis, Mo.

