

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.

FEB 27 1934

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

Do not use this space.

2372

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
 Township St. Ferdinand Primary Registration District No. 10.30 Registered No. 287  
 City Black Jack, Mo. (No. Reg. #15, Box 958, St. Louis, Pa.) Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Reg. #15, Box 958, St. Louis, Pa. (If nonresident, give city or town and State)  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Black Jack, Mo.

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mrs. Hannah B. Reinhardt, Reg. #15, Box 958, Black Jack, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Jan. 11, 1934

19. UNDERTAKER (ADDRESS) W. G. Zittler, 2414 Oak Fair Way

20. FILED Jan. 10, 1934 W. G. Zittler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1933 to Jan 9, 1934

I last saw him alive on Jan 19, 1934 Death is said to have occurred on the date stated above, at 11:11 a.m.

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

apoplexy due to end arteriosclerosis Cerebral Arterio Sclerosis

Other contributory causes of importance: \_\_\_\_\_

Date of onset 1-9-34

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 19\_\_\_\_

Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) H. F. Miller, M. D.  
 (Address) 840 N. Broadway, St. Louis, Mo.

