

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

Do not use this space.

3136

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. City Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1805 2nd St. 23 Ward. (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 M 4. COLOR OR RACE W 5. 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) Aug 23 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 28

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

13. NAME Frank Capron

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

15. MAIDEN NAME Amie Melt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling W. Va.

17. INFORMANT (ADDRESS) Warp Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Luth. Cem. DATE Jan. 28 1934

19. UNDERTAKER (ADDRESS) Ch. Hoffmeister 47 P.C.

20. FILED Jan 22 1934 J. Hordeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 1/20 1934 to 1/21 1934

I last saw him alive on 1/21 1934. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Acute Pulmonary Edema 93
Chr. Dry Bronchitis 75
Chr. Alcoholic 11

Name of operation..... Date of.....
 What test confirmed diagnosis clin 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) J. Hordeck M. D.
 (Address) City Hospital

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.

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

