

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

Do not use this space.

3197

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4680 Page Ave)

File No.
Registered No. 856
St. Ward

2. FULL NAME

(a) Residence, No. 4680 Page Ave st. 11 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 7 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) Dec 16 - 1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 1 6

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

13. NAME Thos Rath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zelle Mo

15. MAIDEN NAME Josephine Huck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zelle Mo

17. INFORMANT (ADDRESS) Thos Rath 4680 Page

18. BURIAL, CREMATION, OR REMOVAL PLACE Caguany DATE Jan 25 1934

19. UNDERTAKER (ADDRESS) Southern Wood Case 6300 Grand Ave

20. FILED 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to Jan 22 1934
I last saw him alive on Jan 22 1934 Death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

Endocarditic Chronic

Date of onset 9

Other contributory causes of importance acute Bronchitis

Name of operation..... Date of.....
What test confirmed diagnosis? Micro Was there an autopsy?.....

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.....

(Signed) J. P. Killall M. D.
(Address) 707 1/2 W. Main St. St. Louis, Mo

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 9 1934

RECORDING INFORMATION IS A PERMANENT RECORD

