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

Do not use this space.
3468-37-OV
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File No. 791
Registered No. 1300

1. PLACE OF DEATH
County
Township
City St Louis (No. En Route City Hosp 2 St. Ward)
Registration District No. 1003
Primary Registration District No.

2. FULL NAME Daniel Oliver
(a) Residence, No. 1920 Papin St., N Ward.
(Usual place of abode) (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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lora Oliver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: Years: abt 65; 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.: Brick layer
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): Germ.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Theora Smith 1920 Papin St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Kip. DATE 2/5 1934
19. UNDERTAKER (ADDRESS): R. McC. Green 3517 Laclede Ave
20. FILED FEB 5 1934, 19.... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/29/1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Chr. Interstitial Nephritis	

Other contributory causes of importance:
131
95

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Norman L. Bethel, M.D.
(Address) St. Louis
1/31/1934

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.

WHITE PAPER, WITH CARBONS INK—THIS IS A PERMANENT RECORD