

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.

96  
 Mr. Denny  
 MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 785  
 Townshp. Bonhomme Primary Registration District No. 6037  
 City Fern Ridge (No. Fee Fee Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 6319  
 Registered No. 60

2. FULL NAME

(a) Residence, No. Fee Fee Road St. \_\_\_\_\_ 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 White 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) Mar. 24-1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 | 10 | 22 | \_\_\_\_\_  
 OCCUPATION 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) 2-17-1934 11. Total time (years) spent in this occupation 35 yrs

MEDICAL CERTIFICATE OF DEATH

(22) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1934  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb 18, 1934  
 I last saw him alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at 6 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset Feb 17  
Chronic Hypertension 34  
 Other contributory causes of importance:  
Chronic Hypertension 1  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. B. Denny, M. D.  
 (Address) Crave Coeur, Mo.

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Normandy, Mo.  
 FATHER 13. NAME Jacob Marshardt  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 15. MAIDEN NAME Maggie Noh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 17. INFORMANT Mrs. Anna Schmar (ADDRESS) Crave Coeur, Mo.  
 18. BURIAL, CREMATION OR REMOVAL PLACE St. Peters Cem. DATE 2-20-1934  
 19. UNDERTAKER Blumington Bros Inc. (ADDRESS) Overland, Mo.  
 20. FILED 9-20, 1934 Amos J. Ingb Registrar

