

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.

MA 24 1934

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

Do not use this space.

791  
1003

6420

**1. PLACE OF DEATH**

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St. Louis (No. 18103) City Wash St. 1249 (Ward)

**2. FULL NAME**

Francis Stanley (miner)

(a) Residence, No. 811 Tremont Str. W. Ward.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 0 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wash  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Czechoslovakia

MOTHER FATHER  
13. NAME Unknown

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

MOTHER FATHER  
15. MAIDEN NAME Unknown

MOTHER FATHER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

17. INFORMANT (ADDRESS) Wash Ins Co Wash City Wash

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 5 1934

19. UNDERTAKER (ADDRESS) Math Herman & Son  
2114 1/2 E. High Ave

20. FILED FEB 23 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/27 1934 to 2/1 1934.  
I last saw him alive on 2/1 1934. Death is said to have occurred on the date stated above, at 6 P. m.

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

Cerebral Hemorrhage.  
GVA  
82

Date of onset 1-27-34

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) Arthur A. Hines, M. D.  
(Address) City Wash

