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.

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 ..... Registration District No. 791 File No. 6708

Township ..... Primary Registration District No. 1003 Registered No. 1559

City St. Louis (No. 2300a, Madison St. St. ..... Ward)

2. FULL NAME JOHN FLETCHER JR.

(a) Residence, No. 2300a Madison St., 20 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 1879

7. AGE: YEARS 55 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Shoe worker

10. Date deceased last worked at this occupation (month and year) Pedigo Lake Co

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: John Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Pauline Langan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs John Fletcher 2300a Madison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Feb 14 1934

19. UNDERTAKER (ADDRESS): Central Und & L Co Inc 1841 Lass Ave.

20. FILED FEB 15 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Feb 10 1934

I last saw him alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 1 45 a m.

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

Cardiac Dilatation
Mitral Stenosis
Hypertension

Date of onset

Other contributory causes of importance:

Chronic Parenchy
Nephritis

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

What test confirmed diagnosis? Phy. Exam 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? No

If so, specify .....

(Signed) Robt O McElvain, M. D.

(Address) 4356 Warne ave

4356 Starne Calfax 2500

11am - 1 P.M.