

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 792  
1003

Township.....

Primary Registration District No. ....

City St. Louis (No. City of St. Louis)

File No. 7030  
Registered No. 1909  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 6010 Henry St. 1 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs.  mos.  ds.

How long in U. S., if of foreign birth?  yrs.  mos.  ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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) Sept 19, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>5</u>	<u>5</u>	

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

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ''

17. INFORMANT Wm. J. Keefe (ADDRESS) City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickens Feb 24, 1934

19. UNDERTAKER Southern Bond Co. (ADDRESS) 637 S. Grand Ave.

20. FILED FEB 24 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1934, to 2/22, 1934

I last saw him alive on 2/22, 1934. Death is said to have occurred on the date stated above, at 10 9 a.m.

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

Cerebral Hemorrhage Date of onset 2-12-34

Other contributory causes of importance: g2R

(Name of operation) ..... Date of .....  
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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 Arthur A. Jones, M. D. (Signed)

(Address) City Hospital 907

