

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *1112 1/2 Franklin Ave*) St. _____ Ward _____

File No. **10778**
Registered No. **2615**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1112 1/2 Franklin Ave* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *?*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<i>abt 60</i>	<i>—</i>	<i>—</i>	<i>—</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butcher*
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) *Illinois*

13. NAME *Unknown*

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

15. MAIDEN NAME _____

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

17. INFORMANT *Clara Beys* (ADDRESS) *1112 1/2 Franklin Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *East St. Louis* DATE *3/17* 19*34*

19. UNDERTAKER (ADDRESS) *Walsh Undert Co. East St. Louis, Ill*

20. FILED *MAR 15 1934* *J. Briedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in after house
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 13 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 *11:50 P.M.*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Other contributory causes of importance:
930
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) *J. Briedeck* (Address) *St. Louis, Mo.*
3/15/34

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.

