

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *W. City*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *11043*
Registered No. *2903*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *6030 Parkside* Ward *7*
(Usual place of abode)

Length of residence in city or town where death occurred *4* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 20-1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 25

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) *Ohio*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *IL*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *IL*

17. INFORMANT (ADDRESS) *Harp Sup Intent City Harp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Piqua, Ohio* DATE *Mar 4 34*

19. UNDERTAKER (ADDRESS) *P. C. ...*

20. FILED *APR 20 1934* *J. F. Bredeck* Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/15* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *2/2* to *2/15* 19*34*

I last saw him alive on *2/15* 19*34*. Death is said to have occurred on the date stated above, at *10 P. M.*

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

Brain pneumonia
Chr myocarditis
fracture of right femur
degenerative valve disease
atherosclerosis

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 *2/2* 19*34*

Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Self*

Nature of injury *Fract femur*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Henry Dunct* M. D.
(Address) _____

