

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.....

Registration District No. 701
1003
Primary Registration District No. 6205, Minnesota

File No. 11079
Registered No. 2939
St. Ward)

2. FULL NAME

(a) Residence, No. St. 1 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 Estella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1871.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts.
62 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embalmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St Louis
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) Balt., Mich.

13. NAME John Newman

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

15. MAIDEN NAME Ernestine Hoerner

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

17. INFORMANT Estella Newman (ADDRESS) 6205 Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 3-24-1934

19. UNDERTAKER @ Hoffmeyer U.S.L. Co (ADDRESS) 7816 N. Broadway

20. FILED 1144 2-4-1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933 to March 21, 1934
I last saw him alive on March 20, 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Chronic nephritis
Mitral Stenosis

Name of operation none Date of operation
What test confirmed diagnosis Chem. tests Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury
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) Geo. W. Fisher, M. D.
(Address) 5832 E. Virginia

Wade, Geo. W. V.P.

5832 E. Virginia