

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 Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *5928*, *Harnay Ave*)

File No. **11294**
Registered No. **3196**
St. Ward)

2. FULL NAME

(a) Residence, No. *5928 Harnay Ave* St. *7* Ward.

(If nonresident, give city or town and State)

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Francis J. Block</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 8 - 1859</i>				
7. AGE	YEARS <i>74</i>	MONTHS <i>9</i>	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>			
	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) <i>Ill</i>				
FATHER	13. NAME <i>Geo. Plausme</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>			
MOTHER	15. MAIDEN NAME <i>Kath Schumann</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>			
17. INFORMANT <i>Thomas Block 6016 Harnay Ave</i> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Cadaver</i>		DATE <i>Mar 31</i> 1934		
19. UNDERTAKER <i>W. H. Schumberg Trd Co</i> (ADDRESS) <i>4740 W. Florissant Ave</i>				
20. FILED <i>J. J. Bredeck</i> 1934 100 Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 28* 1934

22. I HEREBY CERTIFY that I attended deceased from *Mar 3* 1934, to *Mar 27* 1934

I last saw her alive on *Mar 27* 1934. Death is said to have occurred on the date stated above, at *7:45* a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Lobar Pneumonia
Myocarditis Chronic

Other contributory causes of importance:
1008

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 *Thomas P. Wilson*, M. D.
(Signed) *Thomas P. Wilson*, M. D.
(Address) *4105 W. Florissant*

