

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.

**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. City)

File No. 14763

Registered No. 3953

2. FULL NAME

(a) Residence, No. 106 N. 12th 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1934, to 4/17, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1866

I last saw him alive on 4/17, 1934 Death is said to have occurred on the date stated above, at 12:5 pm.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 5 25

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

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

St. Louis Pneumonia & Acute pericarditis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date of onset 10/16/66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: Acute pericarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Yes Roberts

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? yes

15. MAIDEN NAME Rosema Albert

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

17. INFORMANT Wap L. J. M. Deak (ADDRESS) City

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE Grant City, Ill. DATE 4/18 1934

Nature of injury.....

19. UNDERTAKER Herold P. Neal (ADDRESS) Grant City, Ill.

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

20. FILED J. Brecht Registrar.

If so, specify.....

(Signed) W. L. Deak, M. D.

(Address) City

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