

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.

MAY 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. *19907*)

Registration District No. *791*  
*1003*  
Primary Registration District No. *City, Wash.*

File No. *14768*  
Registered No. *3959*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *1308* *Other Highway* St. Ward *23*  
(Usual place of abode)

Length of residence in city or town where death occurred *7* yrs. mos. *05*. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 - 1884*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *50 1 20*

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *Labourer*  
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) *Kennett Mo.*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Wife of Patient* (ADDRESS) *City Wash*

18. BURIAL, CREMATION, OR REMOVAL *Lakewood Park* DATE *Apr - 19 - 34*

19. UNDERTAKER *A. H. McLaughlin* (ADDRESS) *1631 Madison Ave*

20. FILED *J. Seedeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/18*, 19 *34*  
22. I HEREBY CERTIFY, That I attended deceased from *2/27*, 19 *34*, to *4/18*, 19 *34*  
I last saw him alive on *7/18*, 19 *34*. Death is said to have occurred on the date stated above, at *11:15 a.m.*

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

*Arteriosclerosis* Date of onset  
*Heart Arteries* *34*  
*Pulm. Embolism* *20*  
Other contributory causes of importance: *34*

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 .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) *A. H. McLaughlin*, M. D.  
(Address) *City Wash*

