

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. Bethesda Hospital)

Registration District No. 791
Priority Registration District No. 1003

File No. 14893
Registered No. 4090
St. Ward)

2. FULL NAME

(a) Residence, No. 4511 McPherson St. 14 Ward.
(Usual place of abode)

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Wright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock broker
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) Mo.

FATHER 13. NAME Eugene Bret

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

MOTHER 15. MAIDEN NAME Amelia Billot

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

17. INFORMANT Lafasa Nichols (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE April 24 1934

19. UNDERTAKER Arthur J. Donnelly, 2460 (ADDRESS) 3840

20. FILED J. Brebeck Registrar. 4-27-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1934 to April 22nd 1934. I last saw him alive on April 22nd 1934. Death is said to have occurred on the date stated above, at 3:30 P.M. The principal cause of death and related causes of importance were as follows:

Tuberc Pneumonia Date of onset
Chr. Alcoholism
108
108
57.5

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

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 (Signed) Jessie Henderlite, M. D. (Address) 4500 Olive St (HENDERLITE)

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.

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