

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.

14959

1. PLACE OF DEATH

County.....

Registration District No. 797

Township.....

Primary Registration District No. 1003

City.....

(No.)

City.....

File No.

Registered No. 4168

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

2908 Salina St. 24 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mo. 25 ds. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1934		
7. AGE 0	YEARS 1	MONTHS 25
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) St. Louis, Mo.

13. NAME Fred Mc Kinney

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

15. MAIDEN NAME Edna Saritz

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

17. INFORMANT Hosp. Dr. J. M. Smith

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul Churchyard DATE April 25 1934

19. UNDERTAKER With Bros & Co

(ADDRESS) 2908 Salina St. St. Louis

20. FILED APR 24 1934 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1934, to 4/23 1934

I last saw him alive on 4/23 1934. Death is said

to have occurred on the date stated above, at 6 p.m.

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

Broncho pneumonia Date of onset 3/23

Other contributory causes of importance:

Premature infant 7mo.

Name of operation..... 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?.....

If so, specify.....

(Signed) Lewis End, M. D.

(Address) City, Mo.

