

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.

JUN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17910

1. PLACE OF DEATH

County *St. Louis* Registration District No. *333*
Township *St. Ferdinand* Primary Registration District No. *4468*
City *Bonfils Ferguson* (No. *100*) St. _____ Ward _____

File No. _____
Registered No. *97*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *unknown*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 76
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
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) *May 10, 1933* 11. Total time (years) spent in this occupation *40 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
13. NAME *unknown*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
17. INFORMANT *J. K. B. Trainor*
(ADDRESS) *3718 Jennings St.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Bernard's* DATE *5-5-34*
19. UNDERTAKER *Brunner Bros*
(ADDRESS) *Overland*
20. FILED *May 4* 19 *4* *H. G. Zentler*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/1/34* 19 *34*
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *8am* m.
The principal cause of death and related causes of importance were as follows:
Generalized arterio sclerosis, myocardial degeneration.
93C 93C
Other contributory causes of importance:
Myocardial decompensation. General anasarca. Cardiac block. Extreme senility.
Name of operation _____ Date of _____
What test confirmed diagnosis? *Coroner's view* 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 *J. K. B. Trainor* *5/3/34*
(Signature) _____ (Address) *3718 Jennings St.*
Coroner's View, No. 116.

