

**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 Hospital*) St. Ward)

File No. **18241**
 Registered No. **4700**

2. FULL NAME

(a) Residence, No. *5451 Vera Ave* 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 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) *Aug 2nd 1908*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 9 5

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

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

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 *Frank Taucher*

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

15. MAIDEN NAME *Mary Just*

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

17. INFORMANT (ADDRESS) *Frank Taucher 5451 Vera Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic* DATE *May 11 1934*

19. UNDERTAKER (ADDRESS) *Shromsburg Bond Co 4740 W. 2nd Street Ave*

20. FILED *May 9 1934 J. J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 7 1934*

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 *8:30 p.m.*

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

Asphyxiation by Ammonia Fumes, Broken Neck at 3rd and 4th Cervical Vertebrae following explosion of an ammonia pipe at Quality Dairy
 Other contributory causes of importance: *Dairy Accident 1934*

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide..... Date of injury *5/7 1934*

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

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

Manner of injury *Industrial*

Nature of injury *Asphyxiation - Broken Neck*

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

If so, specify

(Signed) *J. J. Bredeck* M.D.

(Address) *944th St. St. Louis*

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 7 9 1934

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

