

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

947 071
Do not use this space.

21959

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No.....

City *St. Louis* (No.)

File No.....

Registered No. **5708**

2. FULL NAME

(a) Residence, No. *2719 Wyoming St. 24* Ward,

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lucretia Supp.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 13 1866*

7. AGE YEARS *68* MONTHS *1* DAYS *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Carpenter*
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 W. Supp. Sr.*

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

15. MAIDEN NAME *Not Known*

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

17. INFORMANT (ADDRESS) *Lucretia Supp. 2719 Wyoming*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funerary 6-9-34*

19. UNDERTAKER (ADDRESS) *W. H. ... 3013 ...*

20. FILED *11-7-1934* Registrar *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

2 No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-9-34*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *6:00 A.M.*

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

Chronic Myocarditis
Chronic Interstitial Nephritis

Other contributory causes of importance:

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.....

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) *Frank P. ...*

(Address) *...*

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.

