

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

Do not use this space.

27003

7237

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No.....
St. Ward)

2. FULL NAME

(a) Residence, No. *3930 1/2 Olive St.*, St. *19* 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*) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 11, 1874*

7. AGE YEARS *60* MONTHS *6* DAYS *11* If LESS than 1 day, hrs. or min.

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

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) *Kennett, Mo.*

13. NAME *John J. Kang*

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

15. MAIDEN NAME *Barbara Bergman*

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

17. INFORMANT (ADDRESS) *John J. Kang, 4885 Holliday.*

18. BURIAL, CREMATION, OR DISPOSITION PLACE *Memorial Park* DATE *July 24, 1934*

19. UNDERTAKER (ADDRESS) *Wagoner, 3621 Olive St.*

20. FILED *L 23 1934* *Jo. J. Brueck* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *July 18, 1934*, to *July 22, 1934*

Last saw him alive on *July 18, 1934* Death is said to have occurred on the date stated above, at *1030 P.M.*

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

Other contributory causes of importance: *Syphilis*

Date of onset *1932*

Name of operation..... Date of.....
What test confirmed diagnosis? *Kahn* 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) *Arthur J. J. J. J.*, M. D.

(Address) *H. G. J. J. J.*

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.

AUG 16 1934

