

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 15 1934

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

Do not use this space.

27196

7433

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis, Mo.* (No. *City Inf.*) St. Ward.

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. *City Infirmary* St. *13* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *27* 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) *Widower*
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Jessie Vinton*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 28, 1850*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchmaker*
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) *X Penn.*13. NAME *John Vinton*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *X*15. MAIDEN NAME *Ruth Price*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *X*17. INFORMANT *J. A. Sullivan* (ADDRESS) *5800 Arsenal St.*18. BURIAL, CREMATION, OR REMOVAL *Valhalla Crematory* DATE *July 25, 1934*19. UNDER TAKER *Wm. S. Clark* (ADDRESS) *1125 N. Madison Ave.*20. FILED *JUL 25 1934* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23, 1934*22. I HEREBY CERTIFY, that I attended deceased from *May 21, 1929* to *July 23, 1934*I last saw him alive on *July 23, 1934*. Death is saidto have occurred on the date stated above, at *4:25* p.m.

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

*Heart prostration*Date of onset
7-6-34

Other contributory causes of importance:

Chr. myocarditis
Hypertension
*Arteriosclerosis**1929*
1929
1929

(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? *No*

If so, specify

(Signed) *Merwin T. Harris, Jr.* M. D.(Address) *5800 Arsenal*

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