

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 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003
Primary Registration District No. **4431** Co. **St. Bernard**

File No. **27226**
Registered No. **5461** Ward)

2. FULL NAME

(a) Residence, No. **4431 S Bway** St. **15** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 2 1861**

7. AGE YEARS **72** MONTHS **8** DAYS **28** If LESS than 1 day, hrs. or min.

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

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 **George Messner**

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

15. MAIDEN NAME **Unmarriageable**

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

17. INFORMANT **Mrs. R. Collins** (ADDRESS) **4431 S Bway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Marcus** DATE **July 27 - 34**

19. UNDERTAKER (ADDRESS) **C. Hoffmeyer 214 S Bway**

20. FILED **JUL 25 1934** **J. G. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25 1934**

22. I HEREBY CERTIFY, that I attended deceased from **July 16 1934 to July 23 1934**
I last saw her alive on **July 23 1934** Death is said

to have occurred on the date stated above, at **3 p. m.**
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Chronic Heat exhaustion Date of onset **60**

Other contributory causes of importance: **191**

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) **G. R. Strause**, M. D.
(Address) **3720 Washington**

Dr. Krause

Beaumont Bldg
3720 Washington
3-5 P.M.