

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

Do not use this space.

791

27238

1. PLACE OF DEATH

County

Registration District No. **1003**

File No.

Township

Primary Registration District No.

Registered No. **74176**

City **St. Louis** (No. **6682**)

City **St. Louis**

St. Ward)

2. FULL NAME

(a) Residence, No. **3838** **Falsom** St. **17** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

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

22. I HEREBY CERTIFY That I attended deceased from **7/23**, 19**34**, to **7/25**, 19**34**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 25-1871**

I last saw him alive on **7/25**, 19**34**. Death is said to have occurred on the date stated above, at **11:20 a. m.**

7. AGE YEARS **63** MONTHS **5** DAYS **-** If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
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

Date of onset

**Myocarditis, chronic
cardiac decompensation**
11/15/30
11/15/30
11/15/30

Other contributory causes of importance:
Pulmonary edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Name of operation **None** Date of

13. NAME **Henry C. Faren**

What test confirmed diagnosis **Phys. Ex.** Was there an autopsy? **N. C.**

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

15. MAIDEN NAME **Rebecca Jaycox**

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

17. INFORMANT (ADDRESS) **Walter J. ...**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Middlebrook ...** DATE **July 27, 1934**

19. UNDERTAKER (ADDRESS) **W. M. ...**

20. FILED **Aug 25 1934** Registrar.

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 **W. M. ...** (Signed) **W. M. ...**, M. D. (Address) **City St. Louis**

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

6682

