

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Cannelton
City North St. Louis (No.)

Registration District No. 1123
Primary Registration District No. 6248 DB

File No. 27745
Registered No. 237 Ward

2. FULL NAME

(a) Residence, No. 3859A Oldendale St. Ward. St. Louis, Mo.
(Usual place of abode)

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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 1 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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

MOTHER FATHER 13. NAME Lois Criger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER FATHER 15. MAIDEN NAME Eva Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Kath. Mary Beard

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE July 8, 1934

19. UNDERTAKER (ADDRESS) 7456 Maple St. St. Louis, Mo.

20. FILED 766 1934 St. Louis, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1934, to 7-6 1934

I last saw him alive on 7-6 1934 Death is said to have occurred on the date stated above, at 5³⁰ a.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance:

23A

Name of operation..... Date of.....

What test confirmed diagnosis? clin. 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?.....

If so, specify.....

(Signed) W. P. Dummer, M. D.
(Address) Kath. Hospital

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 10 1934

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

