

SEP 7 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Central
City St. Louis (No. _____)

Registration District No. 422
Primary Registration District No. 5577

File No. 29816
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 6 mos. 25 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) Feb. 4 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
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) Hillsboro Mo.

MOTHER PATHER 13. NAME R. B. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

15. MAIDEN NAME Erma Hefelbard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

17. INFORMANT (ADDRESS) R. B. Wilson Hillsboro Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro DATE Aug. 31 1934

19. UNDERTAKER (ADDRESS) Donnell B. Dietrich St. Louis Mo.

20. FILED August 31, 1934 C. Royman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1934 to 8/29 1934

I last saw him alive on 8/28 1934 Death is said

to have occurred on the date stated above, at 10 a. m.

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

Streptococcus
Septicemia
Septicemia
Septicemia
Other contributory causes of importance:
Acute Apurpitation
Name of operation _____ Date of _____
What test confirmed diagnosis? St 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) Chas. E. Hatcher M. D.
(Address) St. Louis Mo

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.

WRITE PLAINLY, WITH FORWARDING INK—THIS IS A PERMANENT RECORD

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