

SEP 25 1934

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

Do not use this space.

30686

1. PLACE OF DEATH

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County St. Louis Registration District No. 790
Township Central Primary Registration District No. 60339
City Clayton (No. St. Louis County Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 12412 E. 12th St. Kansas 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 Male 4. COLOR OR RACE W. 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) Aug 8 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 8

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

13. NAME Geo Pierce

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs Eva Young
(ADDRESS) Electric Bldg 12th & Hickory

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 8-17-34

19. UNDERTAKER Louis H. B. ...
(ADDRESS) 1514 ...

20. FILED 8/14 1934 John J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1934, to 8-13, 1934.
I last saw him alive on 8-13, 1934. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
82A
82a
Other contributory causes of importance: _____
Date of onset 8-5-34

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? No
If so, specify _____
(Signed) H. C. ..., M. D.
(Address) St. Louis County Hospital
Clayton 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.

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