

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 13 1934

Do not use this space.

30901

791

1. PLACE OF DEATH

County Registration District No. 1003  
Township Primary Registration District No.  
City St. Louis (No. Christian Hosp) St. Ward

File No.  
Registered No. 8164  
St. Ward

2. FULL NAME

(a) Residence, No. Christian Hosp, 9 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1884  
7. AGE YEARS 50 MONTHS 6 DAYS 14  
If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8<sup>th</sup>, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 1925, to August 8<sup>th</sup>, 1934.  
I last saw or alive on August 8, 1934. Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia - R side  
Date of onset

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) If Total time (years) spent in this occupation

Other contributory causes of importance: Multiple Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Robert J. St Louis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Clara Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Robert J. St Louis, 6100 Birchwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 8-10-34

19. UNDERTAKER (ADDRESS) St. Marys Hosp

20. FILED AUG - 11 - 1934 J. Brebeck Registrar

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) W. F. McCarty, M. D.  
(Address) 301 Waverley

Jan 2nd, 1917

Vol. 6, p. 1-3-