

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

Do not use this space.

31288

1. PLACE OF DEATH

County SEP 13 1934

Registration District No. 1003

File No. _____

Township _____

Primary Registration District No. _____

Registered No. 8594

City St. Louis (No. City)

Ward _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5260 W. Main St. Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) May 16 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 3 7

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 _____

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

13. NAME Ja. Vanderbush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2

15. MAIDEN NAME Margaret Shamp

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

17. INFORMANT Wm. J. ... (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8-24 1934

19. UNDERTAKER Bromschwig (ADDRESS) _____

20. FILED G 2-1740 1934 W. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1934

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

I last saw her alive on 8/22 1934 Death is said to have occurred on the date stated above, at 12 midnight m.

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

Morphine Poisoning, acute Date of onset 8/22

Discontinuation of medicine

Other contributory causes of importance: overdose given by mother by accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 8-22 1934

Where did injury occur? Home 5260 W. Main (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 N. J. Qualtrough M. D.

(Signed) W. J. ... (Address) City

Brosselwig