

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

Do not use this space.

34138

OCT 11 1934

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. St. Anthony Hospital)

File No. _____
Registered No. 8915
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4223 Ellwood St., 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3^d 1934</u>		
7. AGE	YEARS	MONTHS
	—	—
		DAYS <u>2</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>St. Louis Missouri</u>		
MOTHER	13. NAME <u>Robert Conley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
	15. MAIDEN NAME <u>Charlotte Schmidt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>	
17. INFORMANT (ADDRESS) <u>Robert Conley 4223 Ellwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>9 6 34</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>		
20. FILED <u>LP</u> 19 <u>34</u> <u>J. F. Brebeck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 3, 1934, to Sept 5, 1934.
I last saw him alive on Sept 5, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
159 Premature Infant (6 months)
Date of onset _____

Other contributory causes of importance:
159

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) J. F. Brebeck, M. D.
(Address) 5417 No Grand

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.

Handwritten text at the top left, possibly a date or reference number, including the number '11'.