

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

Do not use this space.

34393

OCT 1 1934

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **9191**
St. Ward)

2. FULL NAME

(a) Residence, No. **2510** Ward **20**
(Usual place of abode)

Length of residence in city or town where death occurred **59** yrs. **5** mos. **20** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 15, 1934**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Julius**

22. I HEREBY CERTIFY, That I attended deceased from **8/28, 1934** to **9/15, 1934**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 21-1872**

I last saw him alive on **9/15, 1934** Death is said

7. AGE YEARS **59.** MONTHS **5** DAYS **25** IF LESS than 1 day, hrs. or min.

20 have occurred on the date stated above, at **9:15** a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Wm.**
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.

Carcinoma of Prostate
51
17
35
51
Other contributory causes of importance:
metastasis to lung
metastasis to heart.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

13. NAME **John Julius**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME **Not known**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Harold J. McKeen**

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **N. 55. St. Charles** DATE **Sept 18, 1934**

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS) **Goodhart & Goodhart**
2228 81st St

If so, specify.....

20. FILED **CP 17** 1934
J. Brebeck
Registrar.

(Signed) **A. H. ...** M. D.
(Address) **City**

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.

