

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

Do not use this space.

34629

OCT 11 1934

1. PLACE OF DEATH

County
Township *St. Louis*
City *St. Louis* (No. *9560*)

Registration District No. *791*
Primary Registration District No. *1003*
City *St. Louis* (No. *9560*)

File No.
Registered No. *9457*
St. Ward)

2. FULL NAME

(a) Residence, No. *3630* St. *Wright Clapp* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *17* yrs. 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 *Widowed*
write the word

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 26 - 1868*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 5 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Adv*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Proletarian*
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) *Chicago Ill.*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Wright Clapp*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *City Cemetery 9-28-34*

19. UNDERTAKER (ADDRESS) *David Van Tassar*

20. FILED *26* 1934 19 *J. Bredeck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 19 1934*

22. I HEREBY CERTIFY, That I attended deceased from *9/5* 1934, to *9/19* 1934

I last saw him alive on *9/19* 1934. Death is said to have occurred on the date stated above, at *4:15* p. m.

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

Carcinoma of Tongue
458
114B
115
Other contributory causes of importance:
Lung Abscess - Cause unknown

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?
If so, specify

(Signed) *J. B. Siegel* M. D.
(Address) *City St. Louis*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1934-8-29
1874-3-20

4 29

John
L. ...