

NOV 13 1934

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

Do not use this space.

34782

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *City Hospital #*)

File No.....
Registered No. **9649**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *308 N. 2nd* St. *25* Ward.

(Usual place of abode) (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

3. SEX *Male* 4. COLOR OR RACE *White* 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) *Feb. - 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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|----|---|--|--|
| 69 | 7 | | |
|----|---|--|--|

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

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) *Germany*

13. NAME *Friedrich*

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) *Fred Hestweck 308 N. 2nd St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Bur. Pl.* DATE *10-2-34*

19. UNDERTAKER (ADDRESS) *With Bros. & Co. 2929 S. Jefferson Ave.*

20. FILED *661-1* 1934 *J. Bledeck* Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 29 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *2:15* p.m. The principal cause of death and related causes of importance were as follows:

Date of onset

1. A fractured ribs
2. Chronic myocarditis
3. Cerebral thrombosis received in fall down stairs at residence

Other contributory causes of importance: *1860*

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 *Sept. 27, 1934*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In Home*

Manner of injury. *Fall down stairs*

Nature of injury. *Fractured ribs*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Dr. C. J. Keane* M.D.

(Address) *1011 3/4*

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.

