

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

Do not use this space.

34840

1. PLACE OF DEATH

County St. Louis Registration District No. 112 B
 Township Olds and St. Primary Registration District No. 6245, P.D.
 City St. Louis (No. Rock Hospital, St. Louis Co.) Registered No. 328 Ward

2. FULL NAME

(a) Residence No. 3427 Epls St. St. Louis Ward. St. Louis 112 B
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. 8 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

FATHER 13. NAME Jacobs Perry

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

MOTHER 15. MAIDEN NAME Mary Cooper

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

17. INFORMANT (ADDRESS) Rock Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE Sept 14 1934

19. UNDERTAKER (ADDRESS) J. H. Leiben St. No. 2242 Meadmore St.

20. FILED 9-14 1934 Ed. G. White M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Sept 10 1934
 I last saw him alive on Sept 10 1934 Death is said to have occurred on the date stated above, at 2:30 PM

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

Pulmonary Tuberculosis
23A
8:15
 Other contributory causes of importance:
Parkinson's Disease
Smoking
 Date of onset

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? 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) C. T. Hubert, M. D.
 (Address) Rock Hospital, St. Louis, Mo.

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.

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