

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

Do not use this space.

37343

NOV 18 1934

1. PLACE OF DEATH

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

File No.
Registered No. 9755
St. Ward)

2. FULL NAME

(a) Residence, No. 5617 Cabanel St., 5 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20, 1859

7. AGE YEARS 75 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lincoln (STATE OR COUNTRY) Ill

MOTHER 13. NAME David Hummel

14. BIRTHPLACE (CITY OR TOWN) Desatours (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary Stanfield

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

17. INFORMANT R. H. King (ADDRESS) 1243 Amphist Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catefontain DATE Oct 6 1934

19. UNDERTAKER Alexander & Sons (ADDRESS) 6195 Delmar

20. FILED Oct - 5 1934 J. H. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-6- 1929, to 10-4 1934

I last saw h. or alive on 10-4 1934 Death is said to have occurred on the date stated above, at 2:00 p. m.

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

Broncho-Pneumonia Date of onset 10-2
Myocarditis Ch. ?
Atherosclerosis General, Cerebral ?
Auricular Fibrillation 10-3
Hypertension - Ch. (arterio-sclerotic)
Other contributory causes of importance:
Semiprobity - (advanced)
Dilated Int. (Entire colon)
Cause unknown

Name of operation Date of
What test confirmed diagnosis? 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 Harry G. Brantow
(Signed) Harold J. Brantow M. D.
(Address) 817-122 Univ. Club Bldg.

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.

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - ST. LOUIS, MISSOURI

To Harry H. Benson
The Club. Bldg.