

NOV 13 1934

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

Do not use this space.

37393

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4145**, **Connecticut** St. Ward)
Registered No. **9806**

2. FULL NAME

(a) Residence, No. **4145 Connecticut St** Ward **6** (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 **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 **Mary Caugh**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1857**

7. AGE YEARS **77** MONTHS **4** DAYS **24** IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

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) **St. Louis Mo**

13. NAME **Dominick Caugh**

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

15. MAIDEN NAME **Louise Besand**

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

17. INFORMANT **Henry Cruger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathary** DATE **10-8-34**

19. UNDERTAKER **Prosser and Co**

(ADDRESS) **3710 N. Grand Blvd.**

20. FILED **507-7-19** **J. F. Berdeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-6th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **September 4th** 1934, to **October 6th** 1934
I last saw him... alive on **October 6th** 1934. Death is said to have occurred on the date stated above, at **1 P.** m.

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

Chronic Pericarditis Rheumatica Date of onset:

90A **90**

Other contributory causes of importance:

Chronic Rheumatism

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) **Reinhold Boyler** M. D.

(Address) **3314 S. Grand Blvd.**

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

6-8 P.M.

Dr. Prater
C. H. E. By Hand