

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.

NOV 13 1934

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

Do not use this space.

37660

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City 11818 *St. Louis* (No. *City 21st St*)

File No.....

Registered No. 10107

2. FULL NAME

(a) Residence, No. 3127 *Forest* St. Ward. 21

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 10 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 6

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

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

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) *New York City*

13. NAME *W. H. TOWN*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. H. TOWN*

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) *Warp by M. Kemp City 21st St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Church* DATE *10/19* 1934

19. UNDERTAKER (ADDRESS) *Feet of Fayette 3024*

20. FILED 18 1934 19 *Joe J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16 1934*

22. I HEREBY CERTIFY, That I attended deceased from *10/14* 1934 to *10/16* 1934

I last saw him alive on *10/16* 1934. Death is said to have occurred on the date stated above, at *10:50* a.m.

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

atherosclerosis heart disease

Other contributory causes of importance:

Name of operation Date of *No*
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) *H. L. Fisher*, M. D.
(Address) *City of St. Louis*

H. K. LOSHYN

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THE UNITED STATES OF AMERICA
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT
 WASHINGTON, D. C. 20250

DISTRICT OF COLUMBIA
 OFFICE OF THE ASSISTANT ATTORNEY GENERAL
 CIVIL RIGHTS DIVISION

MEMORANDUM FOR THE RECORD
 SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint and illegible text, likely a memorandum or report.]

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