

NOV 13 1934

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

Do not use this space.

38000

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *10660*)City *St. Louis*File No. **10489**Registered No. **10489**

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *General Shelter 11*
(Usual place of abode)

St. _____ Ward _____

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Nil*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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Iceland*

13. NAME

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

15. MAIDEN NAME

*Unknown*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Unknown*17. INFORMANT
(ADDRESS)*Walter Richter
3000 Rutger St*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Louis U*DATE *10-24*

1934

19. UNDERTAKER
(ADDRESS)*Walter Richter
3000 Rutger St*

20. FILED

31 1934

19

J. H. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

9/24

1934, to

10/23

1934

I last saw him alive on *10/23*, 1934. Death is saidto have occurred on the date stated above, at *5:00* a.m.

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

Date of onset

Plumbe poisoning

Other contributory causes of importance:

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) *L. J. Motley*

M. D.

(Address) *City St. Louis*

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.

AC

10/10/10