

Jan 2 1935

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

Dr. [Signature]

1. PLACE OF DEATH

County Muni Registration District No. 318
Township East Jefferson Primary Registration District No. 1939
City St. Louis (No. 31877) St. 1 Ward

File No. 596
Registered No. 1

2. FULL NAME

(a) Residence, No. 1014 1/2 Celis 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>[Signature]</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 - 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
		<u>2</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo

13. NAME
Ector Waltham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo

15. MAIDEN NAME
Paul Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo

17. INFORMANT (ADDRESS)
[Signature]

18. BURIAL, CREMATION, OR REMOVAL PLACE
Brookline DATE Dec 9 1934

19. UNDERTAKER (ADDRESS)
[Signature]

20. FILED 12-9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934, to Dec 8 1934.
I last saw him alive on Dec 8 1934. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Congestive Heart Defect Dec 7-34
157C
Other contributory causes of importance:
[Signature]

Name of operation Nam Date of [Signature]
What test confirmed diagnosis? [Signature] Was there an autopsy? [Signature]

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [Signature] Date of injury [Signature], 1934
Where did injury occur? [Signature]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury [Signature]
Nature of injury [Signature]

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify [Signature]
(Signed) [Signature], M. D.

(Address) [Signature]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

