

DEC 27 1934

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

Do not use this space.

44348

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 60330City Clayton (No. 127)WidgmoreSt. Ward

2. FULL NAME

(a) Residence, No. 5822 North St., Ward.
(Usual place of abode)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1855

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

79 10 17

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

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) (STATE OR COUNTRY) England

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME

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

17. INFORMANT Morris Keetledge
(ADDRESS) 5822 North

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valley Cemetery DATE Dec 8 1934

19. UNDERTAKER General Keetledge
(ADDRESS) 3127 2nd Street

20. FILED 12/6 1934 Robert J. Schmitt
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1934, to Dec. 6 1934

I last saw him alive on Dec. 6 1934 Death is said to have occurred on the date stated above, at 6:37 am.

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

Chronic Myocarditis
General arteriosclerosis

Date of onset

Other contributory causes of importance:
Broncho-Pneumonia

Name of operation Date of What test confirmed diagnosis Physical & Chemical autopsy? NO

23. If death was due to external causes (violence, fractures Accident, suicide, or homicide? NO 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

(Signed) George J. Capp, M. D.(Address) 397 1/2 S. Broadway

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.

