

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.

JAN 14 1935

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

Do not use this space.

44412

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 11488
City *St. Louis, Mo.* (No. *3635 North Market St.*) St. Ward

2. FULL NAME

(a) Residence, No. *3635 North Market* 11 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*
6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Holton*
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 29 1888*
8. AGE YEARS *58* MONTHS *7* DAYS *7* IF LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unemployed*
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wichita Kansas*
13. NAME *Joseph Holton*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*
15. MAIDEN NAME *Anderson*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*
17. INFORMANT (ADDRESS) *Mary Holton 3635 North Market St.*
18. BURIAL, CREMATION, OR REMOVAL *Memorial Park* DATE *Dec. 4 1934*
19. UNDERTAKER (ADDRESS) *J. J. Brudick*
20. FILED *C-3 1171* 1935 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 1 1934*
22. I HEREBY CERTIFY, That I attended deceased from *Nov 20 1934* to *Nov 30 1934*
I last saw him alive on *Nov 30 1934* Death is said to have occurred on the date stated above, at *3:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Chronic Mitral Stenosis
12/1/34
1/31
Other contributory causes of importance:
Chronic Nephritis
Sclero Sclerosis
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? *No.*
If so, specify.....
(Signed) *J. J. Brudick*, M. D.
(Address) *3108 Leary*

