

JAN 14 1935

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

Do not use this space.

44500

1. PLACE OF DEATH

County.....

Registration District No. 881

Township.....

Primary Registration District No. 1003

City 13894 *St. Louis* (No. *City* *Wards*)

File No.

Registered No. 11603

St. Ward)

2. FULL NAME

(a) Residence, No. *1242 S. Parkway 22* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *53* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/2 1934*

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

22. I HEREBY CERTIFY, That I attended deceased from *11/19 1934* to *12/2 1934*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 24 1881*

I last saw him alive on *12/2 1934*, 19... Death is said to have occurred on the date stated above, at *6:30 a.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *53 1 8*

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

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

Carcinoma of Face

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

Other contributory causes of importance:

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

13. NAME *Mrs. Otis G.*

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

15. MAIDEN NAME *Eliz Kempfle*

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

17. INFORMANT (ADDRESS) *Wm. J. Robert, 1111 S. Parkway, St. Louis 1*

18. BURIAL, CREMATION, OR REMOVAL *Interred in St. Louis* DATE *Dec 6 1934*

19. UNDERTAKER (ADDRESS) *Mrs. J. Robert, 1111 S. Parkway, St. Louis 1*

20. FILED *C - 6 1934*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No*

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) *Wm. J. Robert*, M. D.
(Address) *1111 S. Parkway, St. Louis 1*

Registrar.

2

1971/13