

JAN 14 1935

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

Do not use this space.

44545

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St Louis* (No. *City*) St. (Ward)

File No.
Registered No. **11653**

2. FULL NAME

(a) Residence, No. *6100 Kennedy* 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/7* 19*34*

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

22. I HEREBY CERTIFY, That I attended deceased from *10/12* 19*34* to *12/7* 19*34*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 6 - 1888*

I last saw *him* alive on *12/5* 19*34*. 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. *48 8 1*

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

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

Paper Hanger

2.533
Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Pul Tuberculosis

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 *John Van Dook*

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? *no*

15. MAIDEN NAME *Laura Louise*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT *Walter D. M. Beck*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethania* DATE *Dec 10 1934*

Manner of injury Nature of injury

19. UNDERTAKER *Geo. S. Fleitach Inc*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(ADDRESS) *2966 East*

(Signed) *Donnet Kell* M. D.

20. FILED *J. F. Brudeck* Registrar.

(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.

