

MAY 24 1934

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

Do not use this space.

44572

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 2319 - Blair Ave) St. Ward)

File No.

Registered No. 1680

2. FULL NAME

(s) Residence, No. 2319 - Blair St., 26 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th 18697. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 5OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.13. NAME John Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT Hermann Pagsdale
(ADDRESS) 2319 - Blair Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Chester Ills. DATE Dec 11, 193419. UNDERTAKER Hy Leidners Undert
(ADDRESS) 1417 S. Market St.20. FILED C 10 135, 19 34 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1934 to Dec 9th, 1934I last saw him alive on Dec 9, 1934 Death is saidto have occurred on the date stated above, at 9:15 a.m.

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

Date of onset

Myocarditis
Acute myocarditis caused
by chronic myocarditis
Other contributory causes of importance:
Paralysis - Partial, 1916.

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 1934Where did injury occur? At home (Specify city or town, county, and State)

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

Manner of injury At homeNature of injury At home24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) V. C. Peller, M. D.(Address) 2505 No 15th

