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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

JAN 24 1935

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

Do not use this space.

44916

File No. 12067

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. 5090 Maple Ave. St. Ward)

2. FULL NAME Max Paris.

(a) Residence, No. 6840 Bartmer Ave., St., NR Ward. Universty City, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	0	28 ~~18~~	

OCCUPATION

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

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) France

FATHER

13. NAME Michel Paris

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

MOTHER

15. MAIDEN NAME Thersa Jeusselin

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

17. INFORMANT Mrs. Juliette Fogerty
(ADDRESS) 6840 Bartmer, Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE DEc. 22, 1934

19. UNDERTAKER Geo. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1934, to Dec. 20, 1934
I last saw him alive on Dec. 19, 1934. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Arthritis	
Chronic nephritis	

Other contributory causes of importance:
General debility due to senile changes effecting heart liver and stomach

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? No
If so, specify

(Signed) Geo. F. Gerald, M. D.
(Address) 6677 Delmar

Calc. 9 > 7 = given

[illegible] = Rw