

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.

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

Do not use this space.

JAN 24 1935

45019

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis** Primary Registration District No. **1005**
 City..... **St. Louis** (No. **Export to City of St. Louis**) St. _____ Ward _____

File No. **12172**
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **730 S. 4th** St., **27** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **1** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS **abt 50** MONTHS **-** DAYS **-** If LESS than 1 day,hrs. ormin.

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

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

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) **Syria**

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT **Dorothy H. Schels**
 (ADDRESS) **Corners of 3rd & 4th**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dorothy Mon** DATE **12/27** 19**34**

19. UNDERTAKER **Teach Bros.**
 (ADDRESS) **3024 Lafayette St**

20. FILED **24** 19**34** **Jr. H. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on 19____. Death is said to have occurred on the date stated above, at **12/21** a.m.

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

Chronic Myocarditis
 Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **John P. Cullen** M.D.

(Address) **City of St. Louis**

12/24/34

