

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.

FEB 2 1 1935

1. PLACE OF DEATH

County
Township
City *St. Louis, Mo.* (No. *City Infirmary*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *3232*
Registered No. *528*
St. Ward

2. FULL NAME *Thomas Townsend*

(a) Residence, No. *5800 Arsenal St.* St. *13* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *30* yrs. mos. 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) *Widower*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 9, 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cook*
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) *St. Louis, Mo.* (STATE OR COUNTRY)

13. NAME *Julius Townsend*

14. BIRTHPLACE (CITY OR TOWN) *Don't Know* (STATE OR COUNTRY)

15. MAIDEN NAME *Victoria*

16. BIRTHPLACE (CITY OR TOWN) *Don't Know* (STATE OR COUNTRY)

17. INFORMANT *J. J. Sullivan* (ADDRESS) *5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *Jan 15, 1935*

19. UNDERTAKER *J. J. Selbren* (ADDRESS) *St. Bredeck*

20. FILED *14* 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 13, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10, 1935* to *Jan 13, 1935*
I last saw him alive on *Jan 13, 1935*. Death is said to have occurred on the date stated above, at *3:05 a.m.*

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

Chronic myocarditis Date of onset *1935?*
Atherosclerosis *1935?*

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? *Yes*
If so, specify *Marion J. Hall, M.D.* (Signed) *5600 Arsenal St.* (Address)

