

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.

JAN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Ward)

2. FULL NAME

(a) Residence, No. 4485 Lee St. 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Stull		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1869		
7. AGE	YEARS 65	MONTHS 7
	DAYS 18	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitor
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wisch R.E. Co
	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) St. Louis

13. NAME James Stull

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

15. MAIDEN NAME Corinna Elli

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown17. INFORMANT
(ADDRESS) Wm J. Kelly 4485 Lee St.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE Jan 15 193519. UNDERTAKER Edith E. Ambrose Wood Co
(ADDRESS) 4234 Manchester St20. FILED 15 1935
J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1935 to 1-11 1935

I last saw him alive on 1-11 1935. Death is said

to have occurred on the date stated above, at 4:40 p.m.

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

Date of onset

Lola Greenman

Other contributory causes of importance:

108

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....., 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) J. H. Kelly, M. D.

(Address) City

