

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

Do not use this space.

MAR 15 1935

3818

1. PLACE OF DEATH

County.....
Township.....
City..... (No.) Ward.....

Registration District No. 701
Primary Registration District No. 1003

File No.
Registered No. 1168
St. Ward.....

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

4331 Cambridge St. St. Louis, Mo.
Length of residence in city or town where death occurred 40 yrs. mos. ds. 16

(If nonresident, give city or town and State)
yrs. .. mos. .. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt 78</u>	YEARS	MONTHS
	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>W. H. Harris, 1132 E. 11th St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Catholic, Feb 13 1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. D. Gebken, 3847 Meramec</u>		
20. FILED <u>B-1</u> 1935. 19 <u>J. F. Bredeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1935, to 1-31, 1935.
I last saw decd alive on 1-31, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myeloma
Junior of brain, malignant
Date of onset:

Other contributory causes of importance:
5

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) W. H. Harris, M. D.
(Address) City St. Louis

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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

