

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

Do not use this space.

MAR 1 5 1935

3820

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *791*

Township *North*

Primary Registration District No. *1000*

City *St. Louis* (No. *City*)

St. *North* Ward

File No. *1170*

Registered No. *1170*

2. FULL NAME

(a) Residence, No. *No Same* St. *No Same* 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 *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) *Don't know*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *65*

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *Day Laborer*

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) *Boston Mass*

13. NAME *Werkema*

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

15. MAIDEN NAME *W*

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

17. INFORMANT (ADDRESS) *Wasp King M. King*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *Feb 1, 1935*

19. UNDERTAKER (ADDRESS) *J. H. Gebben & Co*

20. FILED *J. F. Bredeck* 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 *7-29* 19*35* to *7-31* 19*35*

I last saw him alive on *7-31* 19*35*. Death is said

to have occurred on the date stated above, at *5:45* p.m.

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

- ① Myocarditis, Chronic
- ② Arteriosclerosis, General
- ③ Pulmonary tuberculosis

Other contributory causes of importance

Name of operation *None* Date of

What test confirmed diagnosis? *X-ray* 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) *A. J. ...* M. D.

(Address) *City, Mo.*

WHITE PAPER, 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.

