

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.

MAR 25 1935

5031

1. PLACE OF DEATH

County St. Louis

Registration District No. 318

Township St. Louis

Primary Registration District No. 2004

City St. Louis (No. 2231 N. Rogers)

File No. 106

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence 2231 N. Rogers St. _____

(Usual place of abode)

Ward. _____

(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)

Single

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

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

Jan 11 - 1914

7. AGE

YEARS

21

MONTHS

1

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

FATHER

13. NAME

Stitcher Adams

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

St. Louis Mo

MOTHER

15. MAIDEN NAME

Nada Lemay

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

Springfield Mo

17. INFORMANT (ADDRESS)

Stitcher Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waggoner DATE Feb 24 1935

19. UNDERTAKER (ADDRESS)

Waggoner

20. FILED

2-25 1935

MEDICAL CERTIFICATE OF DEATH

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

Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 16, 1935 to Feb. 22, 1935.

I last saw him alive on Feb. 22, 1935. Death is said

to have occurred on the date stated above, at 9 a.m.

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

Lobar Pneumonia

with

Pleurisy & Effusion

Other contributory causes of importance: 106

Date of onset 2-16-35

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) John A. Stahl, M.D.

(Address) Springfield, Mo.

