

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.

7080

MAR 15 1935

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. 18741)

Registration District No. 791  
Primary Registration District No. 1033

File No. \_\_\_\_\_  
Registered No. 1490 Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 5132 St. Page Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 57 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) May 16 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 69 8 25 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jamtor

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) Caplinville Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Walter J. Hest City

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb 13 35

19. UNDERTAKER (ADDRESS) Wagner Selders 2331 Broadway

20. FILED FEB 13 1935 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1935 to 2/11 1935.

I last saw him alive on 2/11 1935. Death is said to have occurred on the date stated above, at 1:30 m.

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

carcinoma of Esophagus  
chronic Myocarditis

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 \_\_\_\_\_, 1935

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) L. G. Motter, M. D.

(Address) City St. Louis

