

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

Do not use this space.

APR 9 1935

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1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **St. John's Hospital**)

File No.
 Registered No. **2687**
 St. Ward)

2. FULL NAME

(a) Residence, No. **1030 Geyer av 23** 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 **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) **Nov 18 1894**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	4	2	

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

MOTHER FATHER 13. NAME **James E. Lipe**

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

15. MAIDEN NAME **Mary Sullivan**

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

17. INFORMANT **Mr J. Lipe**
 (ADDRESS) **1030 Geyer av.**

18. BURIAL, CREMATION, OR REMOVAL **St. Paul's Church Yard** DATE **March 22, 1935**

19. UNDERTAKER **E. J. Schmur**
 (ADDRESS) **3125 Lafayette St. av.**

20. FILED **MAR 22 1935**
J. Beedeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20 1935**

22. I HEREBY CERTIFY, That I attended deceased from **11-20-34**, 19....., to **3-29-35**, 19.....

I last saw him alive on **March 19, 1935** Death is said to have occurred on the date stated above, at **6 A.m.**

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

Pulmonary Tuberculosis Date of onset **3 yrs**
Myocarditis chronic
with decompensation
 Other contributory causes of importance: **25**

Name of operation Date of
 What test confirmed diagnosis? **Exam.** 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? **Yes**

If so, specify **Fred Kraus**, M. D.
 (Signed) **Fred Kraus**
 (Address) **634 N. Grand**

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.

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