

APR 9 1935

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

Do not use this space.

791

11096

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 1003

Primary Registration District No. 1438 E Grand

File No.
Registered No. 2727
St. Ward)

2. FULL NAME

(a) Residence, No. 1438 E Grand St. 9 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

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

7. AGE ab 80 YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known

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) Russia

13. NAME not known

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

15. MAIDEN NAME do

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

17. INFORMANT Mildred Davis mrs (ADDRESS) 1438 E Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE ahead St. Melth DATE 3/24 1935

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED MAR 24 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1935

22. HEREBY CERTIFY, That I attended deceased from Jan 1935 to 3/22 1935

I last saw him alive on 3/22 1935 Death is said

to have occurred on the date stated above, at 11 A m.

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

Chronic myocarditis

Date of onset

930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical 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) E. J. G. Galt M. D.
(Address) 643 1/2 No. Beag

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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