

APR 9 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11107

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City..... *St. Louis, Mo.* (No.....)File No. **2738**

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. *2514 Bridell* St. *NR* Ward. *Maplewood, Mo.*

(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) *July 13, 1939*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
6 *1* *11*

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) *Maplewood, Missouri*13. NAME *Eunette Dunham*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Hattie Cornell*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT (ADDRESS) *Grace Dany*18. BURIAL, CREMATION, OR REMOVAL PLACE *Spartington, Mo.* DATE *3-26-1935*19. UNDERTAKER (ADDRESS) *J. B. Smith*20. FILED *MAR 25 1935* *J. B. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 24, 1935*22. HEREBY CERTIFY that I attended deceased from *March 22, 1935* to *March 24, 1935*I last saw him alive on *March 24, 1935* Death is saidto have occurred on the date stated above, at *2:30* p.m.

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

Meningococcus Date of onset*Meningitis**18*

Other contributory causes of importance:

Name of operation *None* Date ofWhat 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?

If so, specify

(Signed) *John S. Schreiner* M. D.(Address) *St. Louis, Mo.*

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.

