

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.

APR 9 1935

**791
1003**

11167

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. City, Block # 1)

File No. _____
 Registered No. **2803**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) _____ St. _____ 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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 22

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

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) Missouri

13. NAME Charles James

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

15. MAIDEN NAME Lucinda

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

17. INFORMANT (ADDRESS) No. 7 1/2 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Berenville Mo DATE March 28 1935

19. UNDERTAKER (ADDRESS) Robert K. Hoffer

20. FILED MAR 26 1935 J. F. Bredeick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1935 to 3/25 1935

I last saw deceased alive on 3/25 1935. Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Cancer of rectum
H6

Other contributory causes of importance:
Partial intestinal obstruction

Name of operation none 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 _____, 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? No

If so, specify _____

(Signed) A. P. [Signature] M. D.

(Address) St. Louis

