

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
1003
Township Primary Registration District No.
City **St. Louis** (No. **4014-2 Shenandoah**) St. Ward

File No.
Registered No. **2835**
St. Ward

11198

2. FULL NAME

(a) Residence, No. **4014-2 Shenandoah** St. **17** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **50** yrs. mos. **2** 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) Mar 27-85		
7. AGE YEARS 50	MONTHS	DAYS 2
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Worker	
	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) St. Louis Mo		
FATHER	13. NAME Joseph Worech	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo	
	15. MAIDEN NAME Anna Schafner	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo	
17. INFORMANT Anna Worech (ADDRESS) 4014-2 Shenandoah		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE Mar 27 35		
19. UNDERTAKER White Mays (ADDRESS) 1939-1 Allen		
20. FILED 27 1935 19. J. F. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **March 16, 1935, to March 24, 1935**
I last saw him alive on **March 23, 1935**. Death is said to have occurred on the date stated above, at **9:45** a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Coronary artery thrombosis
Date of onset **3-24**

Other contributory causes of importance: **930**

Name of operation Date of
What test confirmed diagnosis **Examination** 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 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 **11**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **Edmond Berniot**, M. D.
(Address) **1504 So Grand Blk.**

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.

