

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 13 1935

11421

3625

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Marys Infirmary**) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. **2207 Chestnut** St., **21** Ward.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **C.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **S.**
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/31**, 19**35**

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt 1875**

I last saw h..... alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 60

to have occurred on the date stated above, at **11/18** a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 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. **Laborer**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Date of onset

Cerebral Apoplexy
82
Atherosclerosis
Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

Other contributory causes of importance:

MOTHER FATHER 13. NAME **Unknown**

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? **No.**

MOTHER FATHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Harold Spitz, Dep. Coroner's Court 13619**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **4/19/1935**

19. UNDERTAKER (ADDRESS) **Wm. C. McDowell, 3505 Franklin Ave**

20. FILED **APR 22 1935** **J. Brebeck** Registrar.

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? **No.** If so, specify

(Signed) **Harold Spitz**, M. D. (Address) **Dep. Coroner**

