

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

Do not use this space.

11434

APR 25 1935

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Townshp Jeff. Bks. Mo. Primary Registration District No. 6248 B  
 City Jeff. Bks. Mo. (No. Veterans Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 81  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2515 1/2 N. 10<sup>th</sup> St. \_\_\_\_\_ 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**

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) Jun. 4. 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 7 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tuck pointer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tuck pointer  
 10. Date deceased last worked at this occupation (month and year) 3 years ago 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Husband. James A.

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

15. MAIDEN NAME Margaret Diamond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

17. INFORMANT (ADDRESS) Wm J. A. Husband  
2515 1/2 N. 10<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 7 1935

19. UNDERTAKER (ADDRESS) Krona Undertaking Co.  
2707 - 2<sup>nd</sup> Grand

20. FILED Mar 5 1935 W. H. Haver Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4. 1935 to March 3. 1935.  
 I last saw him alive on 3/2/35 at 6:15 p.m. Death is said to have occurred on the date stated above, at 12 m.  
 The principal cause of death and related causes of importance were as follows:

The. pulm. chr. actin  
Far advanced  
Hemorrhage pulmonary

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Schwartz 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? no  
 If so, specify \_\_\_\_\_

(Signed) W. H. Haver, M. D.  
 (Address) Jefferson Barracks Mo.  
Post St. J. B.

WRITE CLEARLY, 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.

