

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

Do not use this space.

APR 25 1935

11467

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Grandelet Primary Registration District No. 6248 E
 City St. Louis (No. St. Louis, St. Louis Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 95

2. FULL NAME Clbes Andrew

(a) Residence, No. 6274 Wilson Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Clbes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14, 1870</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>2</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>shipping clerk</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>clothing Co</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>William Clbes</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Glock</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs Emma Clbes</u> (ADDRESS) <u>6274 Wilson Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Orleans</u> DATE <u>3-14-35</u>				
19. UNDERTAKER <u>McGowan's Mortuaries</u> (ADDRESS) <u>4104 Manchester Ave</u>				
20. FILED <u>March 13, 1935</u> <u>G. Moury</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12^E, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1935, to March 12^E, 1935
 I last saw him alive on March 9^E, 1935. Death is said to have occurred on the date stated above, at 3:40 a. m.
 The principal cause of death and related causes of importance were as follows:
Chr. Pulmonary Tub. For adv. C. (Unilateral)
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? lobotomy Was there an autopsy? yes

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) Andrew C. Puske, M. D.
 (Address) Assoe Med. Dir., Mt St Rose Sanitarium

WRITE PLAINLY, 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.

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