

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

APR 4 1935

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14163

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Creve-Coeur (No. _____)Registration District No. 785
Primary Registration District No. 6031File No. _____
Registered No. 73 (Ward _____)

2. FULL NAME

(a) Residence, No. Ross Ave. St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Jan. 6 - 19187. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 3 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Shannon Co. Mo.13. NAME Jeff Branson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME May Wilkens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Jeff Branson
Creve Coeur Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Lee Cem. DATE 4 - 19 193519. UNDERTAKER (ADDRESS) Baumann Bros Inc
Overland Mo.20. FILED 4/18 1935 Agnes C. Kelly Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-193522. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1935, to Apr 17, 1935I last saw him alive on April 16, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

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

Lobar PneumoniaDate of onset 4-11-35Other contributory causes of importance: Diphtheria

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____(Signed) Royal C. McLean, M. D.
(Address) Creve Coeur Mo.

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.

