84

MAY 8 1934

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

Do not use this space.

15022

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3904

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Entrance for 18th & Lami st to City Hosp. ..... St. ..... Ward)

2. FULL NAME Joseph Alfers

(a) Residence, No. 1223 Lami st. St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3-1875

7. AGE: YEARS 59 | MONTHS 10 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired. 2 yrs.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Porter
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: John Alfers.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT (ADDRESS): Annie Alfers. 1223 Lami st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S. S. Peter & Paul. DATE: 5-1-1935

19. UNDERTAKER (ADDRESS): Walker Heldrle. 2331 So Bdway.

20. FILED APR 29 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-27, 1935

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:20 p.m.

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

Chr. Myocarditis
Arteriosclerosis
Cirrhosis of liver
Chr. Interstitial Nephritis

Date of onset

Other contributory causes of importance:

124 B1

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) [signature]

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.

100M-11-24-33