

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

Do not use this space.

15142

JUN 12 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

File No.

Township.....

Primary Registration District No.

Registered No. **4670**

City *St. Louis* (No. *City Hospital*)

St. Ward

St. Ward

2. FULL NAME

Reuben Paine

(a) Residence, No. *627* *Clark* St., *Basement* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14 1885*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 15

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. *Stationery*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Freeman*

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) *Ohio*

13. NAME *Comstock Paine*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Island*

15. MAIDEN NAME *Jeremiah Wadley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT *Wm. J. ...* (ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *5-4* 1935

19. UNDERTAKER *Walter Richter* (ADDRESS) *3500 Antagon St*

20. FILED *J. Brebeck* (ADDRESS) *City St. Louis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/29* 1935

22. I HEREBY CERTIFY, That I attended deceased from *4/13* 1935 to *4/29* 1935

I last saw him alive on *4/29* 1935 Death is said to have occurred on the date stated above, at *3:50* p.m.

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

Heart and H+ disease.

Chronic myocarditis

Other contributory causes of importance:

930

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) *J. Brebeck*, M. D.

(Address) *City St. Louis*

MAY 25 1935

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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