

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

Do not use this space.

JUN 12 1935

18130

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis, Mo.*

(No. *City Infirmary*)

791
1003

File No.....

Registered No. *4474*

St. Ward)

2. FULL NAME

(a) Residence, No. *5800 Arsenal* St. *13* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *78* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 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) *X Y 1854*

7. AGE YEARS MONTHS' DAYS IF LESS than 1 day,hrs. ormin. *81 X X*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Paper-hanger* 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) *X New York*

FATHER 13. NAME *Geo. Williams* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *X Conn.*

MOTHER 15. MAIDEN NAME *Elizabeth Norton* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *X Penn.*

17. INFORMANT (ADDRESS) *J. G. Sullivan 5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Infirmary* DATE *May 20 1935*

19. UNDERTAKER (ADDRESS) *James Ryan, Sexton 5800 Arsenal St.*

20. FILED *MAY 18 1935* *J. F. Brebeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 29 1934* to *May 9 1935* I last saw him alive on *May 9 1935* Death is said to have occurred on the date stated above, at *6:00 p.m.* The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset *5/9/35*
930
Other contributory causes of importance:
Arteriosclerosis 1927
Chronic myocarditis 1927
Name of operation *Autopsy* Date of *.....*
What test confirmed diagnosis *Autopsy* 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) *Marvin T. How J. M. D.* (Address) *5600 Arsenal*

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.

