

JUN 23 1935

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

Do not use this space.

791

18479

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3844 - Michigan Ave) St. 4833 Ward)

2. FULL NAME

(a) Residence, No. 3844 - Michigan Ave. 24 Ward. (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>Theresa Temperli</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4 - 1857</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>9</u>
		Days <u>26</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foreman</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>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Theresa Temperli</u> (ADDRESS) <u>3844 Michigan Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Snyder</u> DATE <u>June 3 35</u>		
19. UNDERTAKER <u>Wacker-Belderle</u> (ADDRESS) <u>2331 Broadway</u>		
20. FILED <u>J. Baedek</u> - 1 1935 19. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 30, 1935, to 11:40 a.m., 1935.
Last seen alive on Oct 2nd expired 1935. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 3

Other contributory causes of importance:
Sensibility 930

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 no
(Signed) H. Ehrlich M. D.
(Address) 3606 Grand Ave

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.

