

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

Do not use this space.

JUL 12 1935

21096

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City 2037*)

File No.....

Registered No. **5011**

2. FULL NAME

(a) Residence, No. *815* *Geary* St. *23* Ward.

(Usual place of abode) (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 *Female* 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 *Anton Bell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-27-1886*

7. AGE YEARS *48* MONTHS *10* DAYS *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Hook*

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) *Hungary*

13. NAME *John Titzler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hungary*

15. MAIDEN NAME *Margalene Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hungary*

17. INFORMANT (ADDRESS) *W. J. Taylor City 2037*

18. BURIAL, CREMATION, OR REMOVAL *Barred St. Peter's Church DATE 6-8*

19. UNDERTAKER (ADDRESS) *M. C. Moydell*

20. FILED *JUN - 7 - 1935*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/5*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *6/4*, 19*35*, to *6/5*, 19*35*.

I last saw him alive on *6/5*, 19*35*. Death is said to have occurred on the date stated above, at *8:20* am.

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

Strangulated Jugular Vein

Other contributory causes of importance: *12/24*

Name of operation *Laparotomy* Date of *6/5/35*

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..... *W. J. Taylor*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *W. J. Taylor* M. D.

(Address) *City 2037*

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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2037
14
15
14

CONFIDENTIAL

SECRET

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