

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUN 28 1935

Do not use this space.

21768

1. PLACE OF DEATH

City St. Louis
Township Central
City Richmond Sts

Registration District No. 1170
Primary Registration District No. 6248H

File No.
Registered No. 122
St. Ward)

2. FULL NAME

(a) Residence, No. Fair Oaks Clayton mo
(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. (If nonresident, give city or town and State)

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) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-35

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

22. I HEREBY CERTIFY: That I attended deceased from 4-27, 1935 to 6-4-35, 1935. I last saw him alive on 6-4, 1935. Death is said to have occurred on the date stated above, at 7:40 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 52 yrs

Carcinoma Lysis
Ch. Myocarditis
Date of onset 1 year

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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

Other contributory causes of importance: Carcinoma of esophagus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME P

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P

15. MAIDEN NAME P

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P

Name of operation Gonotomy Date of 5/11/35
What test confirmed diagnosis? Clement 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

17. INFORMANT Mrs. Teresa Sommers
(ADDRESS) 8533 W. Pine - Brentwood mo

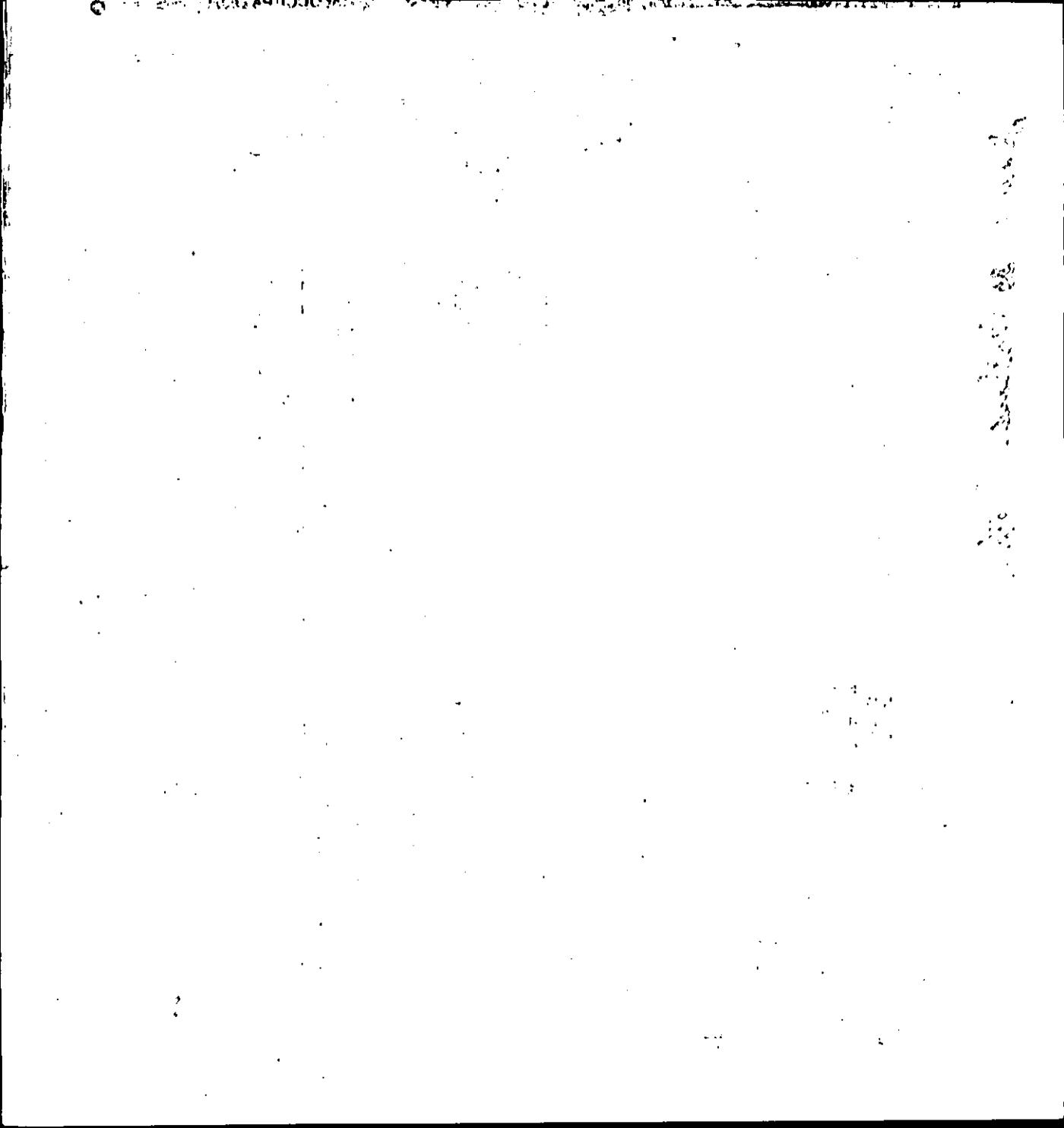
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cemetery DATE 6/8/35

19. UNDERTAKER Louis J. Boop
(ADDRESS) Richmond mo

20. FILED June 7 1935 Estrele Porter
Registrar.

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

(Signed) Dr. James E. Hoad M. D.
(Address) 104 mo The VE Bldg
St Louis mo



35-1659

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

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1. PLACE OF DEATH

County St. Louis
Township Richm. Htg.
City St. Marys Hosp.

Registration District No. 1170
Primary Registration District No. 6248 H
(No. St. Marys Hosp.)

File No. 21768
Registered No. 122
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Clearyton mi. St. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS 52 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED June 7, 1935 Bertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 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 _____ m.

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

Carcinoma of the esophagus
The Carcinoma was in the esophagus as stated that is commonly known as the Gallit carcinoma of the passage from the esophagus carcinoma carcinoma
Other contributing causes of importance _____

Date of onset 2 yrs

2 mouth of the stomach

Name of operation Gastrostomy Date of 5-11-35
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) James P. Wolfe M. D.
(Address) 1024 Mrs. Theater Bldg.

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FINAL

5-21768