

JUL 1 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* No. *St. Lukes*

File No.
Registered No. **24436**
St. Ward) **5810**

2. FULL NAME

(a) Residence, No. *1440^a Goodfellow* St., *6* Ward.
(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

3. SEX *male* 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 *Sarah Rich*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *ab 61*

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

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

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) *Kathynna Poland*

13. NAME *Harry Rich*

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

15. MAIDEN NAME *Eva Jopper*

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

17. INFORMANT (ADDRESS) *J. W. Berger 715 McPherson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue Hospital* DATE *7/7* 19*35*

19. UNDERTAKER (ADDRESS) *J. W. Berger 4715 McPherson*

20. FILED *J. Bredeck* JUL - 7 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *May 7*, 19*35*, to *July 6*, 19*35*
I last saw him alive on *July 6*, 19*35*. Death is said to have occurred on the date stated above, at *11 a.m.*

The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset *1929*
Hypertrophic Prostate Distention *1929*
Bilateral Hydrocephalus *1935*

Other contributory causes of importance: *59*

Name of operation *Transurethral Prostatectomy* Date of *May 28, 1935*
What test confirmed diagnosis? *Schroter* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* 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) *J. W. Berger*, M. D.
(Address) *958 Woodway*

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.

