

AUG 9 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. *City 2497*)

File No. **24491**
Registered No. **5870**
St. _____ Ward _____

2. FULL NAME

Baby Denzl

(a) Residence, No. **5029**
(Usual place of abode) St. *Page* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 11-35*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *0 0 27*

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

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) *St. Louis Mo*

13. NAME *Erving Denzl*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

15. MAIDEN NAME *Lena Ka Platt*

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

17. INFORMANT (ADDRESS) *Wm J. Platt*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Anne La Motte Mo* DATE *July 10 1935*

19. UNDERTAKER (ADDRESS) *Zeigler Bros*

20. FILED *JUL 9 1935* Registrar. *J. Brudeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/6 1935*

22. I HEREBY CERTIFY, That I attended deceased from *6/11*, 19*35*, to *7/8*, 19*35*.

I last saw him alive on *7/8*, 19*35*. Death is said to have occurred on the date stated above, at *4:30* m.

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

Date of onset

Meningococci

15 7/6

Other contributory causes of importance:

Gastro-enteritis, acute

Name of operation _____ Date of _____

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*35*.

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 *Ralph N. Barlow*

(Signed) _____, M. D.

(Address) *City 2497*

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.

