

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.

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

Do not use this space.

AUG 9 1935

791

24771

1. PLACE OF DEATH

County Registration District No. **1003** File No.
Township Primary Registration District No. **6203** Registered No.
City **St. Louis** (No. **2622**; **Virginia**) St. Ward)

2. FULL NAME

(a) Residence, No. **2622 Virginia** Ward **17** (If nonresident, give city or town and State)
(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.

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 **Cecelia Erwin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 17 - 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	63	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Barber**
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) **Missouri**

13. NAME **James Erwin**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Cecelia Erwin** (ADDRESS) **2622 Virginia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Funerary** DATE **July 22, 1935**

19. UNDERTAKER **Wacker-Schellerle** (ADDRESS) **2331 Broadway**

20. JUL 20 1935 19 **J. A. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 18 1935**

22. I HEREBY CERTIFY That I attended deceased from **June 30**, 19**35** to **July 18**, 19**35**

I last saw him alive on **July 17**, 19**35** Death is said to have occurred on the date stated above, at **9:45 p.m.**

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

Chronic Myocarditis Date of onset **2 1/2 yrs**

Other contributory causes of importance:
Chronic Interstitial Nephritis

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

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 **A. W. Peters** (Signed)

(Address) **4145 S. Grand Blvd.**

