

AUG 9 1935

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

Do not use this space.

791
1003

24805

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

File No.

Registered No.

6238

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

April 24-1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

29

2

27

OCCUPATION

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

Salesman

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

outside - radio

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7

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

St. Louis, Mo.

13. NAME

Mrs. F. Kahre

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

Indiana

15. MAIDEN NAME

Leonhardt

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

Red Bud Illinois

17. INFORMANT

(ADDRESS)

Lucille Edelman
4637 Shuandaok

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Our Redeemer Church 7-23 1935

19. UNDERTAKER

(ADDRESS)

J. L. Ziegenhein
7027 Grayson Ave.

20. FILED

19

JUL 22 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 14, 1935, to July 20, 1935

I last saw him alive on July 20, 1935. Death is said

to have occurred on the date stated above, at 1:20 a.m.

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

ENDOCARDITIS (BACTERIAL) Date of onset ?

Sub-acute

Other contributory causes of importance:

Name of operation

NONE

Date of

What test confirmed diagnosis?

ERG

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

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. Burke, M. D.

(Address)

6402 Morganfield

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-24-33

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.

