

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.

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 Mo.** (No. **2937**, **Sherdian Ave**)

File No. **24853**
Registered No. **6286**
St. Ward)

2. FULL NAME

Warren F. Fly
(a) Residence, No. **2937 Sherdian St.**, **21** 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 **Male** 4. COLOR OR RACE **Cold** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 22, 1893**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
42		11		

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphott Tenn**

13. NAME **Ben Fly**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Humboldt Tenn**

15. MAIDEN NAME **Oliver Furtle**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Humboldt Tenn**

17. INFORMANT **Virginia Fly**
(ADDRESS) **2937 Sherdian Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Evansville Ind** DATE **July 23, 1935**

19. UNDERTAKER **A. L. Beal and Co.**
(ADDRESS) **2726 Locust Ave**

20. FILED **JUL 23 1935** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16 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 **1:45** p. m.

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

Chronic Myocarditis
Tumor of Kidney (Malignant)
Arteriosclerosis
Chronic Gastritis (Unknown)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **J. Bredeck**, M. D.
(Address) **773/35**

