

AUG 9 1935

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

Do not use this space.

24900

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **7207^e Pennsylvania**)..... St. Ward)

File No.
Registered No. **63336**
St. Ward)

2. FULL NAME

(a) Residence, No. **7207^e Pennsylvania St.** / 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 **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15 - 1935**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **None**
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 **Joseph. Munnidy**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

15. MAIDEN NAME **Juanita Fernandez**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Joryville Mo.**

17. INFORMANT (ADDRESS) **Joseph. Munnidy 7207^e Pennsylvania**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Hope Cem** DATE **July 26 1935**

19. UNDERTAKER (ADDRESS) **Dr. P. Finckel Jr. 17122 Michigan Ave**

20. FILED **JUL 26 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25 1935**
22. I HEREBY CERTIFY that I attended deceased from **July 15 1935** to **July 25 1935** that saw him alive on **July 25 1935** Death is said to have occurred on the date stated above at **11:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Starvation
159
Other contributory causes of importance: **Pre-mature infant**

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?
If so, specify
(Signed) **W. E. Ladd M.D.** M. D.
(Address) **7310 Michigan**

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.

