

AUG 6 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. *St. Louis* (No. *2710*, *Allen Ave.*)File No. **25116**Registered No. **6588**

St. Ward)

2. FULL NAME

(a) Residence, No. *3208 Kossuth Ave. St., 10* Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

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

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

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

Dec. 23, 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*62**7**7*

OCCUPATION

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

Railroad Clerk

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

Mobils and Ohio

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)

Mexico Mo

13. NAME

Charles S. Houston

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

Ohio

15. MAIDEN NAME

Not known

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

Ohio

17. INFORMANT

(ADDRESS)

*Mrs. Clara Brightmeyer
3208 Kossuth Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Grove

DATE

Aug 3, 1935

19. UNDERTAKER

(ADDRESS)

*Math. Hermann & Son
216 East Fair*

20. FILED

AUG - 2 1935

J. P. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

*June 4, 1935, to July 30, 1935*Last saw him alive on *July 30, 1935*. Death is saidto have occurred on the date stated above, at *5:20 P.m.*

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

*acute nephritis**uremia*

Date of onset

*7-26-35**7-26-35*

Other contributory causes of importance:

*cirrhosis of liver**carelessness of lung**2 yrs.**1 yr.*

Name of operation.....

Date of.....

What test confirmed diagnosis? *X-Ray* 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) *B. D. Leven*, M. D.(Address) *508 N. Grand St. St. Louis Mo*

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.

... should be carefully applied. ABE ...
... that it may be properly classified. ...

817