

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.

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

SEP 25 1935

Do not use this space.
2522
25235

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 62484
City Richmond Mo. (No. St. Mary's Hosp.) St. _____ Ward _____

File No. _____
Registered No. 142
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Leafold mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Cinger</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1885</u>			
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Undertaker</u>		
	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 _____		
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
	13. NAME <u>Cinger</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
	15. MAIDEN NAME <u>not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
17. INFORMANT (ADDRESS) <u>Caroline Cinger, Leafold mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leafold mo</u> DATE <u>July 14 1935</u>			
19. UNDERTAKER (ADDRESS) <u>Wm. Lueders and Co., 1417 N. Market St.</u>			
20. FILED <u>July 13 1935</u> <u>Estelade Pote</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1935

22. I HEREBY CERTIFY (That I attended deceased from June 28 1935 to July 12 1935, 19____
I last saw him alive on July 12 1935, 19____ Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:
Bronch. Pneumonia Date of onset 7/10/35

Other contributory causes of importance:
Chronic Myocarditis
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis Chemical 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) James P. Hyde M.D.
(Address) 1004 N. Market St.

