

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.

SEP 25 1935

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

Do not use this space.

27546

1. PLACE OF DEATH

County St Louis

Registration District No. 790

Township

Primary Registration District No. 60339

City

Clayton (No. St Louis Co Hosp)

File No.

Registered No. 242

St.

Ward

2. FULL NAME

(a) Residence, No. Lesson Rd. Jefferson Parish
(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)

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

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

Dec 14 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8

9

OCCUPATION

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.

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 Co Mo

FATHER

13. NAME

Louise Heller

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

Mo

MOTHER

15. MAIDEN NAME

Josephine Krassinger

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

Mo

17. INFORMANT (ADDRESS)

Louise Heller Lesson Rd Jeff Bks

18. BURIAL, CREMATION, OR REMOVAL

PLACE Matteson Mo DATE 8-26 1935

19. UNDERTAKER (ADDRESS)

Funderlund Co 7819 Michigan Ave

20. FILED

8/24 1935

Dr. C. J. Signorelli

Registrar

MEDICAL CERTIFICATE OF DEATH

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

8/23 1935

22. I HEREBY CERTIFY, That I attended deceased from

8-16-35, 19..... to 8-23, 1935

I last saw him alive on 8-23-35, 19..... Death is said to have occurred on the date stated above, at 4:00 am.

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

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

Cerebral Hemorrhage
Cerebral Infarction

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? No

If so, specify

(Signed)

R. S. Papp M. D.

(Address)

St Louis County Hospital

