

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.

SEP 16 1935

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

Do not use this space.

791
1003

27771

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 7 6941)

Registration District No. _____
Primary Registration District No. City of St. Louis

File No. _____
Registered No. 6820
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 321 W. Kansas St. _____ Ward. 1
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
5 3 22

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

FATHER
13. NAME Jacob Folkerts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Elizabeth Weikman

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

17. INFORMANT (ADDRESS) Wm. J. ... of City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity DATE Aug 10 35

19. UNDERTAKER (ADDRESS) Funeral Home Co 708 ...

20. FILED HUG - 9 1935 J. A. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1935 to 8/22 1935

I last saw him alive on 8/22 1935 Death is said to have occurred on the date stated above, at 8:20 a.m.

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

meningitis, ? influenza Date of onset 7/26/35

Other contributory causes of importance: Lobar pneumonia

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. C. Jaudon M. D.
(Address) City of St. Louis

