

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

Do not use this space.

OCT 23 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo** (No. **Salvation Hosp**)..... St. .... Ward)

File No. **28231**  
Registered No. **7475**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5800 Arsenal** St., **13** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **17** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 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) **Feb 7, 1850**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<b>85</b>	<b>6</b>	<b>18</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Candy-maker</b>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) **Ill** (STATE OR COUNTRY)

FATHER 13. NAME **Peter Brindmore**

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

MOTHER 15. MAIDEN NAME **Phorsille Esnechal**

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

17. INFORMANT **J. J. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calloway Cem** DATE **Sep 5, 1935**

19. UNDERTAKER **J. M. Gebken and Co** (ADDRESS) **2243 Myriam**

20. FILED **5** 1935, 19 **J. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 25, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 30, 1934** to **Aug 25, 1935**  
I last saw him alive on **Aug 25, 1935** Death is said to have occurred on the date stated above, at **9:40 a.m.**

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

**Arteriosclerotic Heart Disease** Date of onset

Other contributory causes of importance:

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) **C. E. Smith**, M. D.  
(Address) **Salvation Hospital**  
**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.

