

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

Do not use this space.

OCT 23 1935

30737

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St Louis* (No. *3723, Humphrey*)

File No.....
Registered No. **7539**
St. Ward)

2. FULL NAME

(a) Residence, No. St., *16* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ellen body</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown 1857</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>-</i>
	DAYS <i>-</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Paeker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Box & Soda Co</i>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 5*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 19*35*, to *Sept 5*, 19*35*

I last saw him alive on *Sept 5*, 19*35* Death is said to have occurred on the date stated above, at *4:30 P.M.*

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

Chronic nephritis

Date of onset

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Other contributory causes of importance:

*General arterio Sclerosis
Hypertension*

Name of operation *none* Date of.....

What test confirmed diagnosis? *Clinical* 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) *Meredith Bann*, M. D.

(Address) *149 1/2 Hadramout*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
	13. NAME <i>Patrick body</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
	15. MAIDEN NAME <i>Unknown</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
17. INFORMANT (ADDRESS) <i>Mary G. body 3723 Humphrey St</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>9-9</i> , 19 <i>35</i>	
19. UNDERTAKER (ADDRESS) <i>Arthur W. Womack 216 3040 Broadway Bldg</i>	
20. FILED <i>SEP - 7 1935</i> <i>J. F. Bredeck</i> Registrar.	

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.

Doc M. Bone

1492^o Herbarium

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