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

OCT 23 1935

Do not use this space.

30825

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7609

City St Louis (No. 3947 Greer St. ..... Ward)

2. FULL NAME Joseph O Victor

(a) Residence, No. 3947 Greer St., 10 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1864

7. AGE YEARS 70 MONTHS 11 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Tillie A Victor 3947 Greer

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

PLACE Valhalla Crematory DATE Sept 10, 1935

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union

20. FILED SEP 10 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to Sep - 8 -, 1935

I last saw him alive on Sep 8, 1935 Death is said to have occurred on the date stated above, at 12 25 A.m.

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

Chronic Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Chronic Parecarditis

Name of operation None Date of ..... No

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify None

(Signed) Dr M F Hartmann, M. D.

(Address) 2743 N Grand

Dr Harmon

10-11
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