

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.

OCT 23 1935

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

Do not use this space.

791  
1003

30960

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis* (No. *St. Elizabeth Hospital*)

File No. ....  
Registered No. *7752* .....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *2725 Annan St.* No. *23* Ward.

(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>Anna</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb-11-1863</i>				
7. AGE	YEARS <i>72</i>	MONTHS <i>7</i>	DAYS <i>2</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>Supt. Ethnological</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Retired</i>			
	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) <i>Germany</i>				
MOTHER FATHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>"</i>			
	15. MAIDEN NAME <i>"</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>"</i>			
17. INFORMANT <i>Ida Mae Lambert</i> (ADDRESS) <i>2725 Annan St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter Cem</i> DATE <i>Sept 16 35</i>				
19. UNDERTAKER <i>Peltz Bros</i> (ADDRESS) <i>2929 Lafayette St</i> <i>J. F. Bradlock</i> Registrar.				
20. FILED <i>SEP 16 1935</i> 19.....				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 13 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 6 1935* to *Sept 13 1935*  
I last saw him alive on *Sept 13 1935*. Death is said to have occurred on the date stated above, at *8:45* m.  
The principal cause of death and related causes of importance were as follows:  
*Solar Infection*  
Date of onset *7-14-35*

Other contributory causes of importance:  
*Cystitis - enlarged Prostate Gland  
Hypertrophy of Prostate  
Cystitis non vesical non TB*

Name of operation *none* Date of .....  
What test confirmed diagnosis? *Et* 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?  
If so, specify .....  
(Signed) *H. S. Fure* M. D.  
(Address) *1803 Westalyn*

Wm. H. Payne

1801 Chestnut St

La 0244.