

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

Do not use this space.

NOV 2 1935

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1. PLACE OF DEATH

County St. Louis Registration District No. 1003  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. 5459 Claxton)

File No. \_\_\_\_\_  
Registered No. 8223  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas P. Verlin

(a) Residence, No. 5459 Claxton St. 7 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Catherine Verlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12-1892</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	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) <u>Ireland</u>		
MOTHER	13. NAME <u>Thomas Verlin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Marie Berger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Catherine Verlin 5459 Claxton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>Oct 1 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Spool &amp; Darwell 7600 North Bridge</u>		
20. FILED <u>SEP 30 1935</u> 19 <u>St. Bridget</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1935

22. I HEREBY CERTIFY, That, I attended deceased from Feb 1, 1935, to Sept 28, 1935.  
I last saw him alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 8:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous nephritis  
Date of onset about 34 years ago

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) George Mueller, M. D.  
(Address) 6502 St. Louis

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.

THIS IS A PERMANENT RECORD

