

NOV 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791
1003

Do not use this space.

33933

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Ann. Cemetery Home)

File No.....
Registered No. 8342
St. Ward

2. FULL NAME

(a) Residence, No. 55-23 - Milenty ave St. 2 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3 - 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>				
MOTHER	13. NAME <u>Cletus Shocker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	15. MAIDEN NAME <u>Robt. Mary. Hollmuth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
17. INFORMANT <u>Cletus Shocker</u> (ADDRESS) <u>55-23 - Milenty</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Oct 4</u> 19 <u>35</u>				
19. UNDERTAKER <u>Edw. J. Howard & Sons</u> (ADDRESS) <u>4212 St. Ann ave</u>				
20. FILED <u>Oct - 4 1935</u> 19 <u>35</u> <u>J. T. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1935, to 10/3, 1935
I last saw him alive on 10/3, 1935. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
acute myocarditis about 7 moe gestation
Date of onset 10/3/35

Other contributory causes of importance:
abruptio placenta
Pregnancies in rapid succession

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?.....
If so, specify.....
(Signed) Tercy H. Swahler, M. D.
(Address) St. Ann's Hospital, St. Louis

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.

