

DEC 12 1935

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

Do not use this space.

34737

## 1. PLACE OF DEATH

County St. Louis Registration District No. 691  
Township St. Louis Primary Registration District No. 33  
City St. Louis (No. City) (Ward 21)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 9285

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2220 Oakman Ward 21  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80- 8 19

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

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) St. Louis13. NAME Wesley Dingley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Mukawa16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis17. INFORMANT (ADDRESS) Harvey City of St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE 11-5-3519. UNDERTAKER (ADDRESS) Barnes20. FILED NOV -4 1935 19 J. P. Redbeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-29-35 to 10-31-35 1935  
I last saw him alive on 10-31-35, 1935. Death is said

to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

senilitychronic myocarditisOther contributory causes of importance: 930

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. P. Redbeck M. D.(Address) City of 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.

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