

DEC 12 1935

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

Do not use this space.

37523

## 1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9490  
Township ..... Primary Registration District No. ms. Baptist Hospital Registered No. ....  
City St. Louis (No. ms. Baptist Hospital) St. .... (Ward)

## 2. FULL NAME

(a) Residence, No. 1 St. N.R. Ward. Nevado Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 60

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

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) Nevado Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ms Baptist Hospital  
(ADDRESS) 919 North Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Nevado Mo DATE Nov. 18<sup>th</sup> 1935

19. UNDERTAKER Albion H. Hoff Inc.  
(ADDRESS) 228 N. Euclid Ave.

20. FILED NOV 12 1935 19. J. Bredecke  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11<sup>th</sup> 1935 to Nov 11<sup>th</sup> 1935

I last saw him alive on Nov 11<sup>th</sup> 1935 Death is said

to have occurred on the date stated above, at 1130 a.m.

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

Cholelithiasis Date of onset

Cholelithiasis of gallbladder

Post-operative hemorrhage

Other contributory causes of importance:

Atty depression

Name of operation Cholecystectomy Date of 11/5/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. S. Smith M. D.

(Address) 100 N. Main St. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

