

DEC 1 1935

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

Do not use this space.

DEC 1 2 1935

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *City 1003*)

File No. 37610

Registered No. 9584

St. Ward

## 2. FULL NAME

(a) Residence, No. *1325* *St. Bernard* *Ward 23*  
(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 *M* 4. COLOR OR RACE *W* 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) *Jan 13 1862*7. AGE YEARS *73* MONTHS *9* DAYS *26* If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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. Joseph*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 (ADDRESS) *W. P. ...*18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *11/16 1935*19. UNDERTAKER (ADDRESS) *A. C. ... 524. Delmar*20. FILED *NOV 15 1935* Registrar. *J. T. Bredeck*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9 1935*22. I HEREBY CERTIFY, That I attended deceased from *11-4*, 19*35*, to *11-9*, 19*35*.I last saw him alive on *11-9*, 19*35*. Death is saidto have occurred on the date stated above, at *11:25*.

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

*Generalized Carcinomatosis*  
*Primary site undetermined*

Other contributory causes of importance: *53*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify *Ralph N. Barlow*, M. D.(Signed) *Ralph N. Barlow*, M. D.(Address) *City St. Joseph #1*

OCCUPATION

MOTHER FATHER

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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.

