

FEB 11 1936

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

Do not use this space

38101-d  
61

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 999

City St. Louis (No. City 1000)

File No. ....

Registered No. 316

St. .... Ward

2. FULL NAME

(a) Residence, No. 1523 S 2nd St., 23 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1925

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1875

I last saw h..... alive on....., 19..... Death is said

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

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

Aortic Regurgitation Date of onset

Aortic Aneurysm

Cardiac Hypertrophy

Other contributory causes of importance:

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME Wink

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

15. MAIDEN NAME Wink

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

17. INFORMANT Harold Spulz Dep. Cor. (ADDRESS) Coroner's Court Bldg.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery DATE Jan 7 1936

19. UNDERTAKER Wm C. McDowell (ADDRESS) 3506 Franklin Ave

20. FILED 5-1000 19..... (Address) J. T. Bredeck Registrar.

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.....

(Signed) Harold Spulz M. D.

(Address) Dep. Cor.

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.

SECRET