

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.

JAN 23 1938

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

Do not use this space.

41265

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1005

City St. Louis(No. Deaconess Hosp)

File No.....

Registered No. 10480

St. Ward)

2. FULL NAME

(a) Residence, No. 7168 Submits St. N.R. Ward. Webster Grove 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Joachim6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-18837. AGE YEARS 52 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg.

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) St. Louis Mo. (STATE OR COUNTRY)13. NAME Joseph Joachim14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Miss Carey16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Matilda Joachim (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Dec-12-3519. UNDERTAKER Louis H. Popp (ADDRESS) Hertwood Mo.20. FILED DEC 11 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-10 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Dec 10, 1935I last saw him/her alive on Dec 10, 1935. Death is saidto have occurred on the date stated above, at 4:30 a.m.

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

Myocardial + vascular
lesion with rupture of
left ventricular wall

Date of onset

Other contributory causes of importance: 34Name of operation none Date of.....What test confirmed diagnosis? Kalm Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury....., 19.....Where did injury occur? none (S. city, 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) Frank P. Baum, M. D.(Address) 16 N. E. Webster Grove
Mo.

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