

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

42007

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

(No. 1003)

St. Louis (No. 1003) Route 6 City of Mo.

File No. 305

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. 819 Market

(Usual place of abode)

St. 25

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 65	MONTHS -	DAYS -	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

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

10. Data 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) Unknown

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Corner Office

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potters Field DATE 1/9 1935

19. UNDERTAKER (ADDRESS) Potters Field

20. FILED 9 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6 1935

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h... alive on 1/4/35 19... Death is said

to have occurred on the date stated above, at 12:45 a.m.

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

Coronary Occlusion

Date of onset

Caused by Sclerosis

Other contributory causes of importance: 946

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) J. P. Schmitz

M. D.

(Address) Potters Field

1/7/35

FE

7719 1935

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.

MADE IN RESERVE FOR BINDING

