

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.

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

Do not use this space.

42033

1. PLACE OF DEATH

County St. Louis
Township Carroll
City W.O.E.

Registration District No. 1123
Primary Registration District No. 6248B
(No. Roch Hospital)

File No.
Registered No. 441 St. Ward)

2. FULL NAME

(s) Residence, No. James Hunter St. Ward.
Eric House

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 — 18

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

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) Charleston S. C.

13. NAME Unknown

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

15. MAIDEN NAME —

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

17. INFORMANT Histroy - Hosp Records
(ADDRESS) Kloch, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE December 1935

19. UNDERTAKER St. Louis U. Anatomical Bd.
(ADDRESS) 1402 So Grand Ave

20. FILED Dec 25 1935 J. Maury
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935, to Dec 6, 1935

I last saw him alive on Dec 6, 1935 Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Pulmonary Tuberculosis

Date of onset

1932

Other contributory causes of importance

Senility

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? Yes
If so, specify

(Signed) Paul E. Sandy, M. D.

(Address) Roch Hospital
Kloch, Mo.

