

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.

JAN 23 1935

42059

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Koch, Mo. (No. Koch Hospital) St. _____ Ward _____

File No. _____
Registered No. 442
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5733 Page St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1901
7. AGE YEARS 34 MONTHS 4 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe repair
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 14

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

13. NAME William Johnson

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

15. MAIDEN NAME Alma Rindsey

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

17. INFORMANT Koch Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Grove DATE 12/31 1935

19. UNDERTAKER Larry Mallem (ADDRESS) 5165 Delmar Blvd.

20. FILED 12-30 1935 J. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1935, to 12-29-1935.

I last saw h. i. w. alive on 12-29-1935 Death is said to have occurred on the date stated above, at 5⁰⁰ P. m.

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

Chro. Pulmonary Tuberculosis Date of onset Fall 1933

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? No

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? No
If so, specify _____

(Signed) D. H. Jungel, M. D.
(Address) Robert Koch Hosp. Koch, Miss.

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