

ISOLATION HOSPITAL MISSOURI STATE BOARD OF HEALTH

Do not use this space.

FEB 11 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

2966

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No.

City Saint Louis (No. Isolation Hospital)

File No.

Registered No. 162

2. FULL NAME

(a) Residence, No. 1003
(Usual place of abode)St. MO Ward. Water GardenR-4-Box 132
(If nonresident, give city or town and State)Length of residence in city or town where death occurred N.R. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 19327. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.I.

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) Missouri13. NAME William O'Nease14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Valb Fisher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mr. G. Larson
(ADDRESS) 3600 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield Mo DATE 1-6-3619. UNDERTAKER Koch and Co
(ADDRESS) Fontaine Ave20. FILED Jan - 6 1936
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 193622. I HEREBY CERTIFY, that I attended deceased from Dec 23, 1935, to Jan 4, 1936I last saw him alive on Jan 4, 1936. Death is saidto have occurred on the date stated above, at 2:45 P.M.

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

Meningitis, InfluenzaDate of onset
Dec 10
1935Other contributory causes of importance:
Pneumonia BronchialDate of onset
Jan 3
1936

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy. 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? no

If so, specify.....

(Signed) Henry J. Ullrich, M. D.(Address) 5600 Arsenal

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.

MARGIN RESERVED FOR BINDING

