

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.

EB 11 1936

3721

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. 16265)

Registration District No. 791  
Primary Registration District No. City of St. Louis

File No. \_\_\_\_\_  
Registered No. 966  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 700 Stone Ward.  (If nonresident, give city or town and State)  
(Usual place of abode)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 63</u>	MONTHS	DAYS
If LESS than 1 day, .....hrs. or .....min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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)  
Georgia

MOTHER FATHER

13. NAME  
Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)  
Walter Richter

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 1-22 1936

19. UNDERTAKER (ADDRESS)  
Walter Richter  
3500 Rutan St

20. FILED 100-27103 1936  
J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1936 to 1/17 1936  
I last saw him alive on 1/17 1936 Death is said to have occurred on the date stated above, at 3 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Chc. Myocarditis  
930

Other contributory causes of importance:  
multiple ulcerations of skin - infected by bacteria  
248 (over)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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. H. Bredeck M. D.  
(Address) City of St. Louis

Doctor states Multiple ulcerations of  
skin were caused by scratching  
lice bites