

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.

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2901 A**) **Sidney** St. Ward)

File No. **8527**
Registered No. **2227**

2. FULL NAME

(a) Residence, No. **2901 A Sidney** St. **17** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S., if of foreign birth? **35** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 13, 1879**

7. AGE YEARS **56** MONTHS **6** DAYS **12** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Rail Road fireman**

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

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) **Illinois**

MOTHER 13. NAME **John Kent**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Anna Kent** (ADDRESS) **2901 A Sidney St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Caldway** DATE **Feb 29, 1936**

19. UNDERTAKER **Thorpe & Co** (ADDRESS) **2906 Grand ave**

20. FILED **FEB 28 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 26, 1936**

22. I HEREBY CERTIFY, that I attended deceased from **May 10, 1934**, to **February 26, 1936**
I last saw **alive on February 22, 1936** Death is said to have occurred on the date stated above at **8:35 p.m.**

The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver (primary) Date of onset **1934**

Other contributory causes of importance:
Myocarditis (chronic) **2**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) **St. Louis Schuchat**, M. D.
(Address) **2700 Chestnut ave**

