

MAR 25 1936

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

Do not use this space.

12345

1. PLACE OF DEATH

County St. LouisRegistration District No. 790

File No.

Township CentralPrimary Registration District No. 60339Registered No. 99City Clepton (No. St. Louis County Hospital)

St. Ward)

2. FULL NAME

(a) Residence No. 6212² (Bailey Place - Pinebluffs - Mo.) St. Ward.

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Jaide6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

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) Lecky, Missouri13. NAME Albert Jaide14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Annie Waking16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Missouri17. INFORMANT (ADDRESS) Mrs. Matilda Jaide
6212² Bailey Place18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Pauls DATE March 16, 193619. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc.
5966 Eastern Ave20. FILED 3/16 1936 Dr. J. Squorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/36 1922. I HEREBY CERTIFY, That I attended deceased from 3/29/36 19 to 3/13/36 19.I last saw him alive on 3/13/36 19. Death is saidto have occurred on the date stated above, at 8²⁰ P. M.

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

Lytic Heart Disease

Date of onset

Other contributory causes of importance:

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 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?

If so, specify

(Signed) Frank W. Johnson, M. D.(Address) St. Louis, Mo.

