

APR 11 1936

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

Do not use this space.

12417

1. PLACE OF DEATH

County

Registration District No. **791**
1003

Township

Primary Registration District No.

City *St. Louis* (No. *18662*)City *St. Louis*

File No.

Registered No. **2393**

St. Ward

2. FULL NAME

(a) Residence, No. *2110* St. *15th* Ward. *26*
(Usual place of abode) (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 *M* 4. COLOR OR RACE *W* 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) *May 5 1867*7. AGE YEARS *68* MONTHS *9* DAYS *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

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) *St. Louis Missouri*13. NAME *John Paul*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Emilie Harchet*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT (ADDRESS) *Step Dr. [unclear]*18. BURIAL, CREMATION, OR REMOVAL PLACE *Old St. Matias* DATE *Mar 30 36*19. UNDERTAKER (ADDRESS) *Wacker-Helderle 233 1/2 Broadway*20. F. MAR **4 1936** *J. T. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/27/36*22. I HEREBY CERTIFY, That I attended deceased from *2/27, 1936* to *3/27/36*I last saw *him* alive on *3/27/36* Death is saidto have occurred on the date stated above, at *1500* n.

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

Hyphothese caused by degeneration heart disease

Other contributory causes of importance:

Brain tumor of astrocyte unknown

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

(Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. T. Bredeck* M. D.(Address) *City St. Louis*

