

APR 11 1936

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

Do not use this space.

12424

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

St. Louis (No. St. Lukes Hospital) St. Clayton, Mo. Ward

File No.

2401

Registered No.

St. Clayton, Mo. Ward

## 2. FULL NAME

(a) Residence, No.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Ernest Simple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 17 - 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

26

8

17

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Book

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

Prof

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)

Chicago Ill

13. NAME

Mr Pelgrim

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

Chicago Ill

15. MAIDEN NAME

Edna Aldrich

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

Michigan

17. INFORMANT  
(ADDRESS)Ernest Simple  
901 Concord St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clayton, Mo. DATE 3/6/36

19. UNDERTAKER  
(ADDRESS)Brewer & Sons  
Clayton, Mo.

20. FILED

MAR 4 1936

J. T. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 / 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from  
Feb 23, 1936, to Mar 4, 1936I last saw her alive on Feb Mar 3, 1936. Death is said  
to have occurred on the date stated above, at 4:25 AM

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

Tuberculosis (acute) (left)

Date of onset

Other contributory causes of importance:

Anemia  
No of same

30

Name of operation.....

Date of.....

What test confirmed diagnosis? Lab. Cysto. 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?.....

If so, specify.....

(Signed).....

(Address).....

J. T. Bredeck, M. D.  
3720 Washington

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.

