

APR 11 1936

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

Do not use this space.

13169

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Alexian, Brothers Hospital**)

File No. **3246**
Registered No. St. Ward)

2. FULL NAME

Albert Day

(a) Residence, No. **3117 Meramec St.** St., **15** Ward.

(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 **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 **Agnes Day**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 24, 1859.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired 7 yrs.**

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) **Germany.**13. NAME **George Day**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**15. MAIDEN NAME **Katharina Mussbacher**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**17. INFORMANT (ADDRESS) **Albert Day Jr**
3117 Meramec St.18. BURIAL, CREMATION, OR REMOVAL **SS Peter & Paul Cem. DATE Mar. 28, 1936.**19. UNDERTAKER (ADDRESS) **J. H. Helms, L. & Co.**
2842 Meramec St.20. FILE **MAR 25 1936** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 25, 1936**22. I HEREBY CERTIFY. That I attended deceased from **March 17, 1936, to 3/24/36**I last saw him alive on **3-24-36** Death is saidto have occurred on the date stated above, at **12:30 A.M.**

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

Carcinoma of Date of onset**Prostate Gland**

Other contributory causes of importance:

Intestinal ObstructionName of operation **Enterostomy** Date of **3/21/36**What test confirmed diagnosis? **at operation** 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 **Joseph L. Jones, M. D.**(Signed) **Joseph L. Jones, M. D.**(Address) **4209 Union Ave**

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

