

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.

MAY 7 1936

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

Do not use this space.

13456

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. Central Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No. 3561  
Registered No. 3561  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1432<sup>1/2</sup> Audubon Ave. St. 6 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
72 6 18

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

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) Illinois

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. Fred H. Nettelman (ADDRESS) 6810 Melrose Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamb Grove Cem. DATE April 2, 1936

19. UNDERTAKER Geo. L. Plutsch, Inc. (ADDRESS) 5966 Eastern Ave.

20. FILED APR 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:50 p.m. (7:35 a.m.). The principal cause of death and related causes of importance were as follows:

Pneumonic Haemorrhage of  
chest. Lacerated lung  
fractured ribs; fracture  
of jaw  
Other contributory causes of importance:  
Malaria and cause of  
same could not be ascertained

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? See verdict 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) J. F. Bredeck M-D.  
(Address) \_\_\_\_\_

