

MAY 7 1936

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

Do not use this space.

791

17381

1. PLACE OF DEATH

County.....
Township.....
City.....
No. 15-122

Registration District No. 1008
Primary Registration District No. City South

File No.....
Registered No. 4145
St. Ward)

2. FULL NAME

(a) Residence, No. 1038 Kennedy St. Ward 11
(Usual place of abode)

Length of residence in city or town where death occurred 34 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 Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 - 1860		
7. AGE YEARS 75	MONTHS 4	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lohasart		
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)
Ohio

13. NAME
Unknown

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT
(ADDRESS)
Walter J. ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE April 1936

19. UNDERTAKER
(ADDRESS)
Albion McLaughlin
2301 Lafayette

20. APR 16 1936
J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/36 19

22. I HEREBY CERTIFY, That I attended deceased from 4/13 1936 to 4/15/36 1936
I last saw him alive on 4/15/36 1936 Death is said to have occurred on the date stated above, at 7:00 am.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset 820
Other contributory causes of importance:
Right Hemiplegia
Arteriosclerosis

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 Roy Greenbaum M. D.
(Signed) (Address) City South

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.

