

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.

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

Do not use this space.

MAY 7 1936

17727

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 1415 on Route to Hard.)

File No.....
Registered No. 4510
St. Ward)

2. FULL NAME

(a) Residence, No. 1415 E. Prairie St., 9 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Natie Here</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u> | | |
| 7. AGE YEARS <u>About 65 years</u> | MONTHS <u></u> | DAYS <u></u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u> | | If LESS than 1 day, hrs. or min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u> | | 11. Total time (years) spent in this occupation..... |
| 10. Date deceased last worked at this occupation (month and year)..... | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 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 12:30 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Coronary
Cardiac Hypertrophy
Arteriosclerosis
Glomerulonephritis

Other contributory causes of importance:
121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

13. NAME Here

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) O. E. Goehler
4129 E. Plueane

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-26-36

19. UNDERTAKER (ADDRESS) Proctor and Co
3710 N. Grand Blvd.

20. FILED APR 25 1936 J. F. Bredeck Registrar.

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? ✓ 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) Harold S. Blush M. D.
(Address) 217 P. St.

