

MAY 7 1936

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

Do not use this space.

791

17745

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City St. Louis (No. 4401) Rendell Bl

File No.
Registered No. **4530**
St. Ward)

2. FULL NAME

(a) Residence, No. 3075 Enright St., 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Inspector
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) Ohio13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..17. INFORMANT F. H. Murphy
(ADDRESS) 5075 Enright

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE April 27 193619. UNDERTAKER Harigan & Speyer
(ADDRESS) 4415 Washington20. FILED APR 25 1936 19 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 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 11:00 A. m.

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

Acute Dilatation of Heart
Coronary Artery - Thrombosis
Intestinal Infection
1. Pleuritis

Date of onset

Other contributory causes of importance: 12th WName of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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 J. Jones M.D.
(Address) ...

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.

Edwards