

JUN 5 1936

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

Do not use this space.

791

18003

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.
Primary Registration District No. **1003**

File No.
Registered No. **5095**
St. Ward)

2. FULL NAME

(a) Residence, No. **803rd Chestnut 25** Ward. (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) **unknown**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt 59 ✓ ✓

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **W.P.A**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Census Bureau**
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**

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) **Harold H. Schaub, coroners office**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Potters Field** DATE **5-11-36**

19. UNDERTAKER (ADDRESS) **Peety Bros, 3029 Bagayette St, St. Louis**

20. FILED **MAY 11 1936** Registrar.

No Physician in Attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-9-36**, 19...

I HEREBY CERTIFY, That I attended deceased from **found dead**, 19... to... 19...

I last saw h. alive on **4/8** Death is said to have occurred on the date stated above, at **4/8** m.

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

Chronic Myocarditis
9/30
Date of onset

Other contributory causes of importance.....

Name of operation..... Date of **No**
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 hemo, 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 H. Schaub**, M. D.
(Address) **St. Louis**

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.

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