

JUN 5 1936

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

Do not use this space.

21013

1. PLACE OF DEATH

County.....
Township.....
City *St Louis*

Registration District No. *791*
Primary Registration District No. *1008*
(No. *De Paul Hospital*)

File No.
Registered No. *5218*
St. Ward)

2. FULL NAME

Chas. Close
(a) Residence, No. *6832 Corbett* St. *N.R.* Ward. *U. City Mo.*
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emma Close</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 1, 1873</i>		
7. AGE YEARS <i>63</i>	MONTHS <i>0</i>	DAYS <i>13</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Decorator</i>		
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) <i>1930</i>		11. Total time (years) spent in this occupation <i>45</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis mo</i>		
13. NAME <i>Frank Close</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Germany</i>		
15. MAIDEN NAME <i>Unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Emma Close</i> (ADDRESS) <i>6832 Corbett Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Charles Ave</i> DATE <i>5/14/36</i>		
19. UNDERTAKER <i>Alexander and Sons</i> (ADDRESS) <i>6175 Delmar</i>		
20. FILED <i>MAY 15 1936</i> <i>J. T. Predeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-14-36*

22. I HEREBY CERTIFY, That I attended deceased from *4-29-36* to *5-14-36*, 1936
I last saw him alive on *5-13*, 1936 Death is said to have occurred on the date stated above, at *4 a* m.
The principal cause of death and related causes of importance were as follows:
Gastric Ulcer
Pyloric obstruction
Date of onset *know*

Other contributory causes of importance:
none

Name of operation *none* Date of *none*
What test confirmed diagnosis *cannot be an autopsy?* *no*

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? *no*
If so, specify *no*
(Signed) *William T. Groeneman, M. D.*
(Address) *1506 1/2 St Louis*

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.

Mr W H. Stoenman

1506 St. Louis

Cent 0638

~~Mr Stoenman~~

~~7 to 8 p.m. Thurs~~

1 to 2