

JUL 14 1936

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

Do not use this space.

24758

1. PLACE OF DEATH

County St. Louis  
Township St. Louis Mo  
City St. Louis Mo

Registration District No. 791  
Primary Registration District No. 1003

File No. 24758  
Registered No. 6382  
Ward

2. FULL NAME

(a) Residence, No. 3315 Humphrey St. 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1869

7. AGE YEARS 66 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thrift Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Olson Bros

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) Henderson Kentucky

13. NAME Unknown Royster

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) Bertha Royster 3315 Humphrey

18. BURIAL, CREMATION, OR REMOVAL St. Bernard Cemetery DATE 6-24-36

19. UNDERTAKER (ADDRESS) St. Bernard Cemetery

20. FILED JUN 23 1936 Get Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9 1936, to June 19 1936  
I last saw him alive on June 29 1936 Death is said

to have occurred on the date stated above, at 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset June 9-1936  
myocarditis  
hypertension  
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Other contributory causes of importance:

Name of operation none Date of June 9-1936  
What test confirmed diagnosis Phys Exam 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

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

(Signed) Paul G. Warner, M. D.  
(Address) 1072 Paul Brown Bldg St. Louis 2208

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.

