

AUG 18 1936

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

Do not use this space.

791

28274

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City *St. Louis* (No. *12447*)

City *St. Louis*

File No.

Registered No. *7032*

St. Ward)

2. FULL NAME

(a) Residence, No. *2806*
(Usual place of abode)

St. *Keneshaw* Ward *24*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/10/36*

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

22. I HEREBY CERTIFY, That I attended deceased from *1/6* 19*36* at *10* *36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29 1874*

I last saw him alive on *7/10* 19*36* Death is said

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. *67* *11* *10*

to have occurred on the date stated above, at *1:40* pm.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hook*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *hook*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Brain tumor
Benign *54*

Date of onset

Other contributory causes of importance: *Cerebral edema*

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

Name of operation Date of

13. NAME *Meier Engel*

What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME *Margie Gietz*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Ray J. ...*

Manner of injury

Nature of injury

18. BURIAL CREMATION OR REMOVAL PLACE *St. ...* DATE *16-13* 19*36*

24. Was disease or injury in any way related to occupation of deceased? If so, specify *Geo. J. Seibold*

19. UNDERTAKER (ADDRESS) *W. H. ...*

(Signed) *Geo. J. Seibold* M. D.

20. FILED *J. ...*

(Address) *St. Louis*

JUL 12 1936

Registrar.

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.

1917

RECEIVED
MAY 10 1917

Main body of the document containing several columns of faint, illegible text. The text appears to be organized in a structured format, possibly a ledger or a list of entries, but the individual characters and words are too light to read.