

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City ST. LOUIS MO (No. en route City Hosp.)

File No. 32632

Registered No. 8505

St. Ward)

2. FULL NAME

(a) Residence, No. 12245 S. VANDEVENTER, Ward. 17 (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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MALE WHITE MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

ALIDA WALLACE

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

JUNE 10-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

74

2

4

OCCUPATION

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

Bricklayer

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)

MARYLAND

FATHER

13. NAME

UNKNOWN WALLACE

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

UNKNOWN

MOTHER

15. MAIDEN NAME

UNKNOWN

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

UNKNOWN

17. INFORMANT (ADDRESS)

MRS. OTTO SIGERIST, 2245 S. VANDEVENTER

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEM 8-17-36

19. UNDERTAKER (ADDRESS)

E. J. Schmitt, 3125 Lafayette Ave.

20. FILED

AUG 15 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 14, 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 7:00 A.M.

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

Date of onset

Chr. Myocarditis
Chr. Intracerebral hemorrhage

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy? Yes

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?

If so, specify.....

(Signed)

(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

