

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.

OCT 21 1936

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

Do not use this space.

335461

## 1. PLACE OF DEATH

County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 6031  
City Valley Park (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 1122. FULL NAME James Eustace

(a) Residence, No. Valley Park Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Eustace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6, 1859</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Glass finisher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pittsburgh Glass plant</u>		
10. Date deceased last worked at this occupation: (month and year) <u>Sept. 1 - 1934</u>		11. Total time (years) spent in this occupation <u>55</u>

OCCUPATION

MOTHER FATHER

MOTHER

17. INFORMANT (ADDRESS) Elizabeth Eustace  
Valley Park, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkwood, Mo. DATE Sept. 7 - 193619. UNDERTAKER (ADDRESS) Schradler Funeral Home  
Baltimore, Mo.20. FILED 9-5- 19 36 Agnes C. Kelly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1936 . 19 36  
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1936, to Sept 5th 1936  
I last saw him alive on Sept 5th 1936. Death is said to have occurred on the date stated above, at 5:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there 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 \_\_\_\_\_

(Signed) J. P. Deunn, M. D.(Address) Valley Park, Mo

