

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.

DEC 4 1936

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

Do not use this space. ✓

1. PLACE OF DEATH

County St. Louis
Township Wynaudy
City Overland

Registration District No. 789
Primary Registration District No. 6033
(No. 2808 Wise Ave)

File No. 38927
Registered No. 303
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2808 Wise St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Emily Hull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1853

7. AGE YEARS 83 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bond Co. Ill.

13. NAME Emerson

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

15. MAIDEN NAME _____

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

17. INFORMANT Roy Hull (ADDRESS) 2808 Wise Ave. Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carlyle, Ill. DATE 10/25/1936

19. UNDERTAKER Bayman Bros. Inc. (ADDRESS) Overland, Mo.

20. FILED 10-23 1936 H. Baehner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1936 to Oct. 23, 1936

I last saw him alive on Oct. 22, 1936 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Phemonia Bronchial Date of onset 10/20/36

Other contributory causes of importance: (a.p. Hx) Apoplexy 10/3/31

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? _____

If so, specify _____

(Signed) Roy A. Walther M. D. (Address) 2438 Woodson Rd. Overland

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