NOV 4 1936

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

Do not use this space.

791

39181

File No.

Registration District No. 1003

Registered No. 10212

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. On Rails City Hospital St. Ward)

2. FULL NAME Daniel Case

(a) Residence, No. St., N.R. Ward. E.ST.Louis, Ill.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Case

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	8 c	4	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Harmon Case

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

MOTHER

15. MAIDEN NAME LuluParker

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

17. INFORMANT Mrs Ethel Case
(ADDRESS) 1450 Gaty E.ST.Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem E.ST.Louis ILL. DATE 10/11/36

19. UNDERTAKER Nell Walsh Barnes 1416 St.Louis
(ADDRESS) E.St.Louis, Illinois

20. FILED OCT 9 1936 J.T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 6-05, 19..... Death is said to have occurred on the date stated above, at 6-8 p.m.

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

	Date of onset
Chr. Myocarditis	
Chr. Interstitial Nephritis	

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) ....., M. D.

(Address) .....

10/9/36

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.

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