

DEC 3 1936

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

Do not use this space.

42684

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4399 F Gibson Ave.**)

File No. ....  
Registered No. **11192**  
St. .... Ward)

2. FULL NAME **John W. Mall**

(a) Residence, No. **4399 F Gibson Ave.** St. **18** Ward. (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 **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 **Bertha Mall**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 11, 1866**

7. AGE YEARS **70** MONTHS **4** DAYS **29** If LESS than 1 day, ..... hrs. or ..... min.

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

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

FATHER 13. NAME **John Moll**

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

MOTHER 15. MAIDEN NAME **Elizabeth Unknown**

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

17. INFORMANT **Mrs. Bertha Mall** (ADDRESS)

18. BURIAL CREMATION, OR REMOVAL PLACE **S&S Peter & Paul** DATE **11-12** 1936

19. UNDERTAKER **Kriegshauser Mortuaries** (ADDRESS) **4104 Manchester Ave.**

20. FILED **NOV 10 1936** *J. B. Beck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-9** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **11/1** 19**36**, to **11/9** 19**36**

I last saw him alive on **11/9** 19**36**. Death is said to have occurred on the date stated above, at **9:10 P.M.**

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

*Chronic Myocarditis*  
*Chronic Endocarditis*  
Date of onset **20** years

Other contributory causes of importance:  
*Chc. Bronchial*  
*Asthma*

Name of operation **None** Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *James W. Stokes*, M. D.  
(Address) **2301 So. Kingshighway**

N. B.—Every item of information should be carefully supported. A.C.R. and other abbreviations should be explained. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

