

DEC 3 1936

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

Do not use this space.

42753

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis(No. 2037 Blenden St. 4 Ward) Registered No. 11279

## 2. FULL NAME

(a) Residence, No. 2037 Blenden St., 4 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)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Premature Birth6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 - 19347. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ... 30 min. 30

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

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 Mo13. NAME John B. Pahr Jr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo15. MAIDEN NAME Ada P. Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT John B. Pahr Jr (ADDRESS) 2037 Blenden18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent Paul DATE 11/12 193619. UNDERTAKER Crofton and Osone (ADDRESS) 7146 Manchester20. FILE NO. NOV 19 1936 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 193622. I HEREBY CERTIFY That I attended deceased from Premature Birth 19.....I last saw him alive on 19..... Death is saidto have occurred on the date stated above, at 7:30 a m.

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

Date of onset

PrematurityOther contributory causes of importance: 159

Name of operation..... 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?.....

If so, specify W. Mungus M. D.(Signed) W. Mungus M. D.(Address) 3375 Clippewa

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.

