

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

47161

1. PLACE OF DEATH

County

Township

City ST. LOUIS MO (No. City Hospital #)

FEB 8 1937
Registration District No.

791

Primary Registration District No.

1008

File No.

Registered No. 938

St. Ward)

2. FULL NAME WILLIAM VESCULIS

(a) Residence, No. 2185 SOUTH 4th ST. St. 25 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unm

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Abt 45 ✓ ✓

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unm

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation unm

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unm

13. NAME unm

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

15. MAIDEN NAME unm

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

17. INFORMANT (ADDRESS) City Hospital # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE unm DATE 1/19/37

19. UNDERTAKER (ADDRESS) unm

20. FILED JAN 21 1937 unm Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician or Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

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

I last saw h..... alive on 19..... 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:

fractured skull, bilateral haemorrhage, rupture of Rt. Kidney, rupture of bladder, recent infarction of brain at exit house 2185 4th St. Dec 26

Other contributory causes of importance:

Manner of cause of same could not be ascertained.

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? Accident Date of injury 12/25 1936

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, on home, or in public place. public place

Manner of injury.....

Nature of injury..... see above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Alfred J. Perry

(Address) 25 1/2 S. 2nd St. St. Louis

FORM 1-1936-1 X7044

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.

