

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

Do not use this space.

3032

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. _____

Township Clayton

Primary Registration District No. 6033^e

Registered No. 6

City St. Louis (No. St. Louis Co. Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3227 Woodson Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 11 25

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

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) Illinois

FATHER 13. NAME Jose Ron

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Cynthia Powell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Oliver F. Ross 3227 Woodson Overland mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Val Hella Cem DATE 1/9 36

19. UNDERTAKER (ADDRESS) Baumann Bros. Overland mo

20. FILED 1/8 37 Ar. J. Squard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-37

22. I HEREBY CERTIFY, That I attended deceased from 1-5-37, 1937, to 1-6-37, 1937

I last saw h. in alive on 1-6-37, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Date of onset 7-1-36

Chr. myocarditis

Other contributory causes of importance:

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 _____, 1937

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 Robert J. Boudle

(Signed) St. Louis Co. Hosp M. D.

(Address) _____

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.

