FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis. Registration District No. 1123 File No. 4447
Township Carondolet Primary Registration District No. 6248B Registered No. 79
City ~~Koch~~ (No. Koch Hospital St. Ward)

2. FULL NAME Albert Earlin
(a) Residence, No. 4646a St. Ferdinand St., Ward. 1 St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Vonfeld
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1900
7. AGE YEARS 36 MONTHS 7 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 32
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Electric Co
10. Date deceased last worked at this occupation (month and year) June 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Penn.

FATHER
13. NAME William Earlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Penn.

MOTHER
15. MAIDEN NAME Elizabeth ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

17. INFORMANT (ADDRESS) Koch Hosp. records.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 20 1937
19. UNDERTAKER (ADDRESS) Bullene & Kelly 1416 No Taylor
20. FILED 2-17 1937 C. Monroy per S. D. Tate dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1937
22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to Feb 17, 1937
I last saw him alive on 2-17, 1937. Death is said to have occurred on the date stated above, at 9 25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 34

Other contributory causes of importance:

Name of operation Thoracoplasty Date of 1-29-37
What test confirmed diagnosis? Vocal Sputum 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? No
If so, specify
(Signed) A. J. Steiner M. D.
(Address) Robt. Koch Hospital, Koch, Mo

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.