

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Luke's Hosp.)

File No. 10616
Registered No. 3190
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. NR Ward. Whittington, Ill.
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936 to 3/22/1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1921

I last saw him alive on 3/22/1937. Death is said to have occurred on the date stated above, at 5 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 15 7 12

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

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

Cyst of Cerebellum Benign
Bact Meningitis Simplex
Pneumonia Bronchial

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

Other contributory causes of importance:
8761

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ewing, Ill.

13. NAME Otto Wingo

Name of operation Autopsy Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Ill.

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

15. MAIDEN NAME Ruth L. Piccard

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Ill.

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

17. INFORMANT Otto L. Piccard (ADDRESS) Whittington, Ill.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Ill. DATE Mar. 24, 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER C. J. Sprues (ADDRESS) East St. Louis, Ill.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILE J. F. Bredeck Registrar.

(Signed) J. F. Bredeck M. D.

(Address) _____

MAR 23 1937

(Address) Whittington, Ill.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3-12-0
2-1-0
11-0-0