

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790

Township

Primary Registration District No. 60339City Clayton(No. St. Louis Co. 7001)File No. 13506Registered No. 50

St.

Ward)

2. FULL NAME

(a) Residence, No. 339

(Usual place of abode)

St. KirkwoodWard. Kirkwood

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Marie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 18607. AGE YEARS 77 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

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

Labarer

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) Missouri13. NAME Frederick Marie14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France15. MAIDEN NAME Jacqueline, Sophia16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France17. INFORMANT Helen Marie(ADDRESS) 339 Caroline, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE Feb 5 193719. UNDERTAKER Louis N. Hoff(ADDRESS) Kirkwood, Mo.20. FILED 2/5Dr. J. J. Guion
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/193722. I HEREBY CERTIFY, That I attended deceased from 1/18, 1937 to 2/3, 1937I last saw him alive on 2/3, 1937. Death is saidto have occurred on the date stated above, at 5 A. m.

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

Ch. Myocardial Degeneration
Ch. Arteriosclerosis
Date of onset 1934

Other contributory causes of importance:

Ch. Bronchitis
Senile Degeneration

Name of operation _____ Date of _____

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

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 _____

(Signed) Lewis J. Franklin, M. D.(Address) St. Louis County, 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.

