

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

Do not use this space.

1. PLACE OF DEATH **MAY 7 1937** 791  
 County ..... Registration District No. **1003**  
 Township ..... Primary Registration District No. **City Entry Mary**  
 City **St. Louis, Mo.** (No. ....) (Registered No. **14709**)  
 (Ward) **4205**

2. FULL NAME **Joseph Dewille**  
 (a) Residence, No. **City Infirmary**, St. **Hospital 13**  
 (Usual place of abode) **5800 Arsenal St.** (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) **Separated**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **April 23, 1936** to **April 22, 1937**

I last saw him alive on **April 22, 1937** Death is said to have occurred on the date stated above, at **1:45 P.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 20, 1860**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**1860 77 2 2**

**HYPERTENSIVE HEART DISEASE** Date of onset

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

**CEREBRAL ACCIDENT**

Other contributory causes of importance: **ARTERIO-SCLEROSIS, GENERALIZED**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warschitz.**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **NO**

13. NAME **John Dewille**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria.**

15. MAIDEN NAME **Magdalena Zeller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria.**

17. INFORMANT **H. Molony**,  
 (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Bur Pl** DATE **4-24 37**

19. UNDERTAKER **Witt Bros. & Co.**  
 (ADDRESS) **2929 S. Jefferson Ave.**

20. FILE **APR 23 1937** **J. W. Bredeck**  
 Registrar.

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) **[Signature]** M. D.  
 (Address) **3600 Arsenal**

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

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