

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.

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

Do not use this space.

MAY 7 1937

1. PLACE OF DEATH

City of St. Louis  
Township  
City St. Louis (No. City Hospital #2)

791  
1003  
Registration District No.  
Primary Registration District No.

File No.  
Registered No. 4384  
St. Ward

2. FULL NAME

John Netters (Netters)

(a) Residence, No. 923 N. 20<sup>th</sup> St. 21 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE American (Negro)  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NEVER WAS MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1861

7. AGE	YEARS	MONTHS	DAYS	IF/LESS than 1 day, hrs. or min.
76	2	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE  
10. Date deceased last worked at this occupation (month and year) 1934  
11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OYENSBURG, KY.

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DON'T KNOW

15. MAIDEN NAME DON'T KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DON'T KNOW

17. INFORMANT (ADDRESS) Mamie Clay 1236 Wash St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park, DATE Apr. 30, 1937

19. UNDERTAKER (ADDRESS) James J. Bredeck 2069 Wash St. St. Louis

20. FILED APR 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Chronic Myocarditis  
Chronic Interstitial Nephritis  
Other contributory causes of importance:

131  
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 \_\_\_\_\_, 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) Joseph M. J. \_\_\_\_\_ M.D.  
(Address) \_\_\_\_\_

