

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **318585**)

City **St. Louis** (No. **1003**)

File No. **18203**
Registered No. **4779**
St. **1** Ward

2. FULL NAME

(a) Residence, No. **4300 N. Jackson**
(Usual place of abode)

St. **1** Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos.

ds. **10** How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/9 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **5/26 1937** to **5/19 1937**

I last saw him alive on **5/19 1937**. Death is said to have occurred on the date stated above, at **St. Louis**.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 19 - 1903**

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. **33 4 20**

Brain Tumor Benign Date of onset

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

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: **54d**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

13. NAME **Christ Muth**

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

15. MAIDEN NAME **Anna Von Spick**

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

17. INFORMANT (ADDRESS) **Harry Muth**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **5-12-37**

19. UNDERTAKER **W. A. Stock V.N.D. Co** (ADDRESS) **2117 E. GRAND BLVD**

20. FILED **MAY 10 1937** **J. Bredeck** Registrar

Name of operation..... Date of.....

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

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) **The Johnson** M. D.

(Address) **City**

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.

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