

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.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Foot of Delmon; St. Marys River St. 17 Ward)

File No. 18658

Registered No. 5234

2. FULL NAME William Smith O'Haver

(a) Residence, No. 2035 A Maury Ave. St. 17 Ward. 17

(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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22nd 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomasine O'Haver

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:40 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 4 29

Date of onset

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

Asphyxiation due to drowning in Mississippi River. (True cause & manner unknown)

Other contributory causes of importance: 183

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

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

13. NAME Henry C. O'Haver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Letitia Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Open verdict? Date of injury 5-22-37, 1937
Where did injury occur? In public place
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Thomasine O'Haver
(ADDRESS) 2035A Maury Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 5-26 1937

Manner of injury.....
Nature of injury See above

19. UNDERTAKER Krieghauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Alfred Perry M.D.
(Address) Republic

20. FILED MAY 26 1937 J. P. Bredeck Registrar.

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.

61-1-259

