

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

Do not use this space.

1. DATE OF DEATH  
**JUN 12 1937**

**791**

**18708**

Township

Registration District No.

**1008**

File No.

City

Primary Registration District No.

Registered No.

**5284**

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

**male**

4. COLOR OR RACE

**white**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

**single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/7/37**, 19

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

22. I HEREBY CERTIFY, That I attended deceased from **5/1/37**, 19, to **5/7/37**, 19.

I last saw him alive on **5/7/37**, 19. Death is said to have occurred on the date stated above, at **11 p.m.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 14, -1881**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

FATHER

MOTHER

31  
31

2  
2

4  
4

56

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

**nil**

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)

**California**

13. NAME

**unknown**

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

**unknown**

15. MAIDEN NAME

**unknown**

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

**unknown**

17. INFORMANT (ADDRESS)

**Hosp. Inf., M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

**City Hospital No. 1 5-28-37**

19. UNDERTAKER (ADDRESS)

**W. J. Foredeck**

20. FILED

19

**MAY 27 1937**

Registrar.

Other contributory causes of importance:

**Hypertensive heart disease  
Old nephritis**

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)

**Geo. J. Schubert**

M. D.

(Address)

**City Hospital No. 1**

Date of onset

**Uremia 12/1**

