

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.

100

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

Do not use this space.

29134

SEP 10 1937

1. PLACE OF DEATH

County 1 Registration District No. 1003
 Township St. Louis Mo. Primary Registration District No. 1003
 City St. Louis Mo. (No. Post David St. Messenger River Ward)

File No. _____
 Registered No. 7817

2. FULL NAME

Undeveloped white Male (Epid. Top)
 (a) Residence, No. Alphaworth St., _____ Ward.
 (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. X How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45

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

13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alphaworth

15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alphaworth

17. INFORMANT (ADDRESS) Joseph Grass
723 E. Davis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pataskia DATE 8/19/37 19

19. UNDERTAKER (ADDRESS) Walter Bros
4259 1/2 Lafayette

20. AUG 19 1937 19 _____ Registrar J. Bredecke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13 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 5:20 a.m.

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

asphyxiation due to
drooping in messenger
River, time, cause
and manner could not
be ascertained.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury unknown, 19____
 Where did injury occur? unknown
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Messenger River
 Manner of injury _____
 Nature of injury open above

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Alfred J. Perry, M. D.
 (Signed) _____
 (Address) Deputy Curator

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For affidavit missy
Receipt file no N.38 - 1937