

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

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

Do not use this space.

36117

1. PLACE OF DEATH

County ISOLATION HOSPITAL

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. ...., St. .... Ward)

File No. 9694

Registered No. .... St. .... Ward

2. FULL NAME Alfred Shinn

(a) Residence, No. 637 So. 4th St. St. 22 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. 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) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937 to Sept. 25, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw him alive on Sept. 25, 1937 Death is said to have occurred on the date stated above, at 12 PM m.

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

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

Encephalitis Epidemic Date of onset 9-20

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

Other contributory causes of importance:  
17

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

13. NAME Unknown

Name of operation Chemical Date of 12.12.37

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

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

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

Where did injury occur (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) B.B uttenuth Isolation Hosp.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 10/21, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) John Ryan City Infirmary

(Signed) Henry J. Uttenuth, M. D.

20. OCT 12 1937 19. J. Bredeck Registrar.

(Address) 5600 Vandeventer

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