

JAN 10 1938

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

43099
Do not use this space.

791
1003

11349

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township St. Louis Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 Registered No.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2101 Salsburg 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 — — 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. bar tender
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 24 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dolson Illinois

FATHER 13. NAME Mile Combs

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

MOTHER 15. MAIDEN NAME Belle Lynch

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent DATE Dec 8, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Bredeek

20. FILE NO. 78616 333 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/37, 19...

22. I HEREBY CERTIFY, That I attended deceased from 12/3/37, 19... to 12/8/37, 19...
I last saw him alive on 12/8/37, 19... Death is said to have occurred on the date stated above, at 5:30 a.m.

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

*Delirium Tremens
Bronchopneumonia*

Date of onset 10/1

Other contributory causes of importance: Chronic alcoholism

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

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) Charles M. Jessier, M. D.
(Address) City Hospital No. 1

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.

602

DEC 9 1937

STATEMENT BY LICENSED EMBALMER

I, Philip M. Braung, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Philip M. Braung

Licensed Embalmer No. 3281

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)