

FEB 12 1938

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

947
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City (d) Street No. **City Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. **1439 Franklin** St. **25**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) unknown		
7. AGE YEARS 52	MONTHS —	DAYS —
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk	
	9. Industry or business in which work was done, as 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) Russia		
FATHER	13. NAME unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
MOTHER	15. MAIDEN NAME unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
17. INFORMANT (ADDRESS) City Hospital # 1		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington St DATE 1-23-38		
19. FUNERAL DIRECTOR (ADDRESS) 3570 B. St		
20. FILING DATE JAN 24 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/28 1938**

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 **5:30** m.

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

Other contributory causes of importance:
106

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 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 **See above**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **70**
(Signed) **Joseph W. Zeman** Deputy Coroner
(Address) **—**

(Signed) **J. F. Bredeck** Local Registrar

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)