

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

Do not use this space.

REC'D SEP 9 1938

30054

1. PLACE OF DEATH

County St. Louis Registration District No. 284
Township Carondelet Primary Registration District No. 300
City Koch, Mo. (No. Koch Hosp.) St. _____ Ward _____

File No. _____
Registered No. 1372

2. FULL NAME

(a) Residence, No. 4129 N. Broadway Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 25 ds. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>26</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) Nov. 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Erie, Illinois

13. NAME Samuel Staser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Erie, Illinois

15. MAIDEN NAME Ella Dietrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Erie, Illinois

17. INFORMANT Koch Hospital Records
(ADDRESS) Koch Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cemetery Aug 18 1938

19. UNDERTAKER Edward J. Jones
(ADDRESS) 393 4th St. St. Louis

20. FILED AUG 17 1938 G. R. Meyer, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-22-1938 to August 16 1938

I last saw him alive on Aug 16 1938. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Pulmonary Tuberculosis Date of onset 1935

Other contributory causes of importance: Tuberculosis of Larynx ?

Name of operation X-Ray Date of _____
What test confirmed diagnosis? Sputum 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? No.

If so, specify _____ (Signed) Paul Urquhart, M. D.

(Address) Koch Hosp.

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.

