

NOV 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *780*

File No. *36716*

Township *St. Louis*

Primary Registration District No. *4466*

Registered No. *47*

City *St. Genevieve*

(No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *200 Leg Hoag* 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. 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 18 1938*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. *0 0 0 5*

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

12. BIRTHPLACE (CITY OR TOWN) *St. Genevieve* (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Leo Hoag*

FATHER 14. BIRTHPLACE (CITY OR TOWN) *St. Genevieve* (STATE OR COUNTRY) *Missouri*

MOTHER 15. MAIDEN NAME *Edna Basler*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) *Riverside Vase* (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Leo Hoag* *St. Genevieve Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ill. Mo* DATE *Oct 18* 19 *38*

19. UNDERTAKER (ADDRESS) *Paul Basler* *St. Genevieve Mo*

20. FILED *Oct 19*, 19 *38* *T. W. Douglas* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 18* 193 *8*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 18* 193 *8*, to *Oct 18* 193 *8*

I last saw him alive on *Oct 18* 193 *8* Death is said to have occurred on the date stated above, at *12:50 a.m.*

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

Primate Birth (6 mo.) Date of onset _____

Other contributory causes of importance: *154*

Name of operation *None* 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? *Yes*

If so, specify _____ (Signed) *R. C. Jamieson*, M. D.

(Address) *St. Genevieve Mo*

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.

RECORD IS A PERMANENT RECORD

