

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

Do not use this space.

10604

1. PLACE OF DEATH

County Leury
Township Flat Creek
City Wentzville (No. 1770)

Registration District No. 668
Primary Registration District No. 5791

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R 7 N 4 E 2 St. _____ Ward _____
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. K. Lister
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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

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

13. NAME Jacob Bross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME M. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ch. Grace Lister

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 3/8/33 19

19. UNDERTAKER (ADDRESS) The People's Funeral Home

20. FILED 3-7 19 33 J. F. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 19 33
22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1932, to Mar 7, 1933
I last saw him alive on 2-15, 1933. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:

Ch. 2. Interstitial nephritis
151
131
Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2, 1933
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) W. J. E. Thayer, M. D.
(Address) 111 W. 4th St. St. Louis 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.

