

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

Do not use this space.

32884

1. PLACE OF DEATH

County..... Registration District No. 797
Township..... Primary Registration District No. 1003
City..... St. Louis, Mo. (No., Sanitarium

File No.
Registered No. 9755
St. Ward)

2. FULL NAME

(a) Residence, No. Unknown St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown (1855)</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About</u>	<u>76</u>	<u>+</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
17. INFORMANT <u>Wm R. Summers</u> (ADDRESS) <u>5300 Arsenal</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Sept. 17 - 19</u>				
19. UNDERTAKER <u>Allegreau Bros.</u> (ADDRESS) <u>2135 1/2 St. Charles</u>				
20. FILED <u>SEP 17 1931</u> 19 <u>Maye C. St. Arto</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14th 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1928, to Sept. 14th 1931
I last saw him alive on Sept. 12th 1931. Death is said to have occurred on the date stated above, at 2:55 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 6-1-31

Other contributory causes of importance: 936 930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Wm R. Summers, M. D.
(Address) 5300 Arsenal

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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