

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

Do not use this space.

32988

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 792
Primary Registration District No. 1005

File No. _____
Registered No. 9863
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1417 S. Euclid St., 17 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 80

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Truckman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr. Pacific P.A.

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) Ireland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. W. Renner
(ADDRESS) 1932 N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept 23rd 1931

19. UNDERTAKER (ADDRESS) John V. Collins

20. FILED SEP 22 1931 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1931
No Physician in attendance

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 7:40 m.

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

Chronic Endocarditis
Chronic Myocarditis
Other contributory causes of importance:
Chronic Parachlorosis
Septicemia

Name of operation _____ Date of _____
What test confirmed diagnosis? 131 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. W. Renner
Address 1932 N. Grand Blvd.

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.

MARGIN RESERVED FOR BINDING

V. G. NO. 2.

