

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

Do not use this space.

39722

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 101 B

City St. Louis (No. City Hospital)

File No.
Registered No. 11940
St. Ward)

2. FULL NAME

(a) Residence, No. 3228 Lemp St. 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 14 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) Sept. 27 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME John Hacker

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Clara Habebberger

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital information (ADDRESS) Dr. C. Moydell

18. BURIAL, CREMATION, OR REMOVAL St. Peter's Paul DATE 11-30-1931

19. UNDERTAKER Dr. C. Moydell (ADDRESS) 1936 Allen St.

20. FILED NOV 30 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1931, to Nov. 28th, 1931.
I last saw him alive on Nov. 28th, 1931. Death is said to have occurred on the date stated above, at 1:15 P.M. m.
The principal cause of death and related causes of importance were as follows:

159 Inanition 159
159
Other contributory causes of importance:
Prematurity

Name of operation Cesarean Date of Nov. 11, 1931
What test confirmed diagnosis? Clinical 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?
If so, specify Yes
(Signed) Jerome J. Union, M. D.
(Address) City Hospital

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.

Handwritten text at the top of the page, possibly a signature or name, partially obscured by a vertical black bar.

Small handwritten mark or characters in the lower-left quadrant of the page.