

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

Do not use this space.

42716

**1. PLACE OF DEATH**

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

Registration District No. 791  
Primary Registration District No. 2709  
(No. 2709 So. 9th)

File No. ....  
Registered No. 12636  
St. .... Ward)

**2. FULL NAME** August English

(a) Residence. No. 2709 So. 9th St. 213 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary English</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8/25/1881</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>3</u>
		26
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Wall Paper</u>		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Hanger</u>		
(c) Name of employer <u>Self</u>		

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Wenzel English</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mary English  
(Address) 2709 So. 9th

15. FILED FEC 23 1931  
REGISTRAR [Signature]

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/21/31 1931

17. I HEREBY CERTIFY, That I attended deceased from December 14th 1931 to December 21st 1931, that I last saw him alive on December 21st 1931, and that death occurred, on the date stated above, at 4:25 P. M.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
108 Lobar Pneumonia  
11013 Pleurisy  
9387

CONTRIBUTORY (SECONDARY) Acute Myocarditis  
(duration) yrs. mos. 3 ds.  
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Robert Prender M. D.

Dec 21, 1931 (Address) 1012 S. Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old St. Marcus Cemetery DATE OF BURIAL 12/24/31

20. UNDERTAKER McLaughlin ADDRESS 1631 Mo.

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.

