

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

Do not use this space.

10033

1. PLACE OF DEATH

County.....

Registration District No. 1170

Township.....

Primary Registration District No. 6248th

City St. Louis Mo. (No. 50 Marys Hospital)

File No.....

Registered No. 75

St. Ward)

2. FULL NAME

(a) Residence, No. 7806 Wise av. St., Ward.

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 3 | 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer

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

10. Date deceased last worked at this occupation (month and year) 7-31-31 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 13. NAME Daniel Carey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 150

15. MAIDEN NAME Julia Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 7

17. INFORMANT Mrs Mary Carey (ADDRESS) 7806 Wise av

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive Cem. DATE March 31, 1932

19. UNDERTAKER E. J. Schurr (ADDRESS) 312 1/2 Lafayette av

20. FILED 3/30 19 32 H. L. Jansen Registrar.

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1932 to 3-28-32 1932

I last saw him alive on 3-28 1932 Death is said to have occurred on the date stated above, at 3:45 pm.

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

Werners
Chronic Myocarditis
Chronic Hypertrophy of Prostate
Chronic interstitial nephritis
Chronic Myocarditis
Date of onset

Other contributory causes of importance:

Chronic Hypertrophy of Prostate
Chronic interstitial nephritis
Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis: fluency Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) Matthew Custer M. D.
(Address) 1010 Paul Brown Bldg

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.

APR 29 1934

96
7
7

