

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10123

City St. Louis (No. City Hospital)

File No. 27512

Registered No. 7321

St. Ward)

2. FULL NAME

(a) Residence, No. 3734 1/2 Nebraska St., Ward 24
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7th 1932

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

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1932 to Aug. 7th 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1900

I last saw her alive on Aug. 7th 1932 Death is said to have occurred on the date stated above, at 5:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 26

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

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

Pulmonary Tuberculosis
Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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

Other contributory causes of importance: (1)

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

13. NAME George Elbert

Name of operation None Date of

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

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

15. MAIDEN NAME Caroline Klone

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kankakee Ill.

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Hospital Information

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACES St. Peter Paul DATE Aug. 10th 1932

Manner of injury

Nature of injury

19. UNDERTAKER (ADDRESS) Mr. Schumacher

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Maurice Belter

20. FILED 116-9-1932 W. H. Hardy Registrar.

(Signed) City Hospital M. D.?

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

