

**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. 701

Township.....

Primary Registration District No. 10003

City St. Louis (No. City Hospital)

File No. 7877
Registered No. 1846
St. Ward)

2. FULL NAME

(a) Residence, No. 2103 No. Hedway St., Ward 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 28

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

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) (STATE OR COUNTRY) Philadelphia Pa.

13. NAME Samuel Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

15. MAIDEN NAME Sarah Christen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 2-14 1933

19. UNDERTAKER (ADDRESS) Walter Richter
3500 Ridgen St

20. FILED FEB 23 1933 Wm. C. Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th 1932 to Feb 4th 1933

I last saw him live on Feb. 4th 1933 Death is said to have occurred on the date stated above, at 10:35 a.m.

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

chr myocarditis
chr nephritis
Benign hypertrophy of prostate

Other contributory causes of importance:
131
137

Name of operation None Date of None
What test confirmed diagnosis Urinal 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

(Signed) Wm. Macnich, M. D.
(Address) City Hospital

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.

