

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

Do not use this space.

31659

1. PLACE OF DEATH

City.....  
Township.....  
City *St. Louis*, (No. *4432*) *Washington* Registration District No. *791*  
Primary Registration District No. *1003* File No. *8378*  
Registered No. *8378* St. .... Ward)

2. FULL NAME

(a) Residence, No. *#4432 Washington* Ward. *19*  
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*  
7. AGE *45* YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Secy + Press*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Natl Alliance*  
10. Date deceased last worked at this occupation (month and year) *11-2-5 Olive St* spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*  
13. NAME *unknown*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*  
15. MAIDEN NAME *unknown*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*  
17. INFORMANT (ADDRESS) *H. J. Barrenger #4485 Olive St*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Crem* DATE *9-28-1933*  
19. UNDERTAKER (ADDRESS) *O.P. Lupton & Sons #4449 Olive Street*  
20. FILED *26* 1933 19. *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) - *Sept 25, 1933*  
22. I HEREBY CERTIFY, That I attended deceased from *7-1-33*, 19, to *8-25*, 19, 33  
I last saw him alive on *8-24-33* Death is said to have occurred on the date stated above, at, ..... m.  
The principal cause of death and related causes of importance were as follows:  
*Ch. Valvular Heart*  
*72A disease*  
*99B*  
*92*  
Other contributory causes of importance:  
*Cerebral Embolus*  
Date of onset  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? *no*  
If so, specify  
(Signed) *W.H. Riley*, M. D.  
(Address) *4660 Maryland*

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.

OCT 20 1933

251  
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Hill Island  
Maryland + Euclid  
2-4 P.M.