

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

Do not use this space.

8883

1072

APR 25-1934

**PLACE OF DEATH**

County Jackson  
Township Jackson  
City St. Louis

Registration District No. 300

Primary Registration District No. 300

File No. 8883  
Registered No. 1072  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) Jan. 5 - 1930  
7. AGE YEARS 4 MONTHS 2 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Kansas City Mo.

MOTHER 13. NAME V. H. Monteil, Jr.

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

15. MAIDEN NAME Lucille Bourdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Bend Indiana

17. INFORMANT V. H. Monteil  
(ADDRESS) 4211 Agnes

18. BURIAL, CREMATION, OR REMOVAL -  
PLACE St. Marys - DATE 3-8-34

19. UNDERTAKER Indy and Sons  
(ADDRESS) 3811 Broadway

20. FILED Feb 7 1934 M. T. Crowe  
Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1934, to March 6 1934

I last saw him alive on March 6 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Brain Abscess Left Temporal Lobe Date of onset 3-5-34  
Bilateral Subacute Mastoiditis 3-1-34  
Left Cervical adenitis Suppurative 2-1-34  
Subacute Pericarditis Feb 15-34

Other contributory causes of importance: Scarlet Fever Dec - 1933 + Jan - 34

Name of operation Mastoidectomy Date of March 1 34  
What test confirmed diagnosis? Elmer's test Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? No  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No

(Signed) A. Samuel Walthall, M. D.  
(Address) 612 Prof. Bldg.

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

CORD

SIANS should state  
very important.