

WHITE PRINT, 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 25 1934

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

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. **791**
1003
Primary Registration District No. *Isolation Hosp*

File No. **10891**
Registered No. **2741**
St. Ward)

2. FULL NAME

(a) Residence, No. *1554 Humboldt* 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) *Louise Tilepapa*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 18, 1866*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unknown*
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) *Germany*

FATHER
13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Grace Barry*
(ADDRESS) *5600 West*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Victor Cem* DATE *Mar 19, 1934*

19. UNDERTAKER *Edith E. Ambrose & Co.*
(ADDRESS) *4724 Manchester*

20. FILED *1934* *J. J. Predeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 16, 1934*
22. I HEREBY CERTIFY, That I attended deceased from *Mar 8, 1934* to *Mar 16, 1934*
I last saw him alive on *Mar 16, 1934* Death is said to have occurred on the date stated above, at *12:30 pm*.

The principal cause of death and related causes of importance were as follows:
Diphtheria Carrier
Bronchopneumonia
Chloroform Myocarditis
Other contributory causes of importance:
Pipercain Anesthetic

Name of operation *None* Date of *No*
What test confirmed diagnosis? *Clinical* there an autopsy? *No*

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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *No*
(Signed) *John Eschenbaum* M. D.
(Address) *ISOLATION HOSPITAL*

