

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248H
No. St. Marys Hospital

File No. 27812
Registered No. 105
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 6332 Tyler Ave. St. _____ Ward. St. Louis Mo
(Usual place of abode)
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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-13-1912</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>4</u>	DAYS <u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Scholar</u>
	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) St. Louis Mo
(STATE OR COUNTRY)

13. NAME Wm C. Hallwber

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

15. MAIDEN NAME Gene Woodward

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

17. INFORMANT Wm C. Hallwber
(ADDRESS) 6332 Tyler Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Church Yard DATE 7-7-34

19. UNDERTAKER Louis A. Bopp
(ADDRESS) St. Louis Mo

20. FILED July 7, 1934 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-34

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to July 5, 1934
I last saw him alive on July 4, 1934 Death is said to have occurred on the date stated above, at 102 A.M.
The principal cause of death and related causes of importance were as follows:

Septicemia-streptococci
89A
89B
51A
99a
Date of onset

Other contributory causes of importance:
Otitis media left chronic
Otitis septic

Name of operation nasal - joint Date of 6/27-34
What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

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) Julius A. Rosen, M. D.
(Address) 446 Washington Blvd

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.

ALL 21 1934

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

