

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

Do not use this space.

NOV 13 1934

37665

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City *St. Louis* (No. *11421*) City *St. Louis* St. *North* (Ward)

File No. ....  
 Registered No. **10112**

**2. FULL NAME**

(a) Residence, No. *811* *Buchanan* St. *Ward 26*  
 (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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *unknown*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Not Known*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 20 - 1893*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<i>40</i>	<i>11</i>	<i>26</i>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Christian Science Co*

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) *Cristina*

13. NAME *Not Known*

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

15. MAIDEN NAME *Not Known*

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

17. INFORMANT (ADDRESS) *Dr. J. H. Keight*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Breeders* DATE *Oct 18 1934*

19. UNDERTAKER (ADDRESS) *Matth. Hermann & Son*

20. FILED *CT 18 1934* *Jos. J. Bredeck* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 15 1934*

22. I HEREBY CERTIFY, That I attended deceased from *10/8*, 19*34*, to *10/15*, 19*34*.  
 I last saw him alive on *10/15*, 19*34*. Death is said to have occurred on the date stated above, at *4:30* p.m.

The principal cause of death and related causes of importance were as follows:  
 Chronic Myocarditis  
 Aortic Aneurysm  
 Congestive Heart Failure

Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? *Autopsy* 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) *W. H. Mc Guin*, M. D.  
 (Address) *City Hospital No. 1*

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

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