

JAN 14 1934

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

Do not use this space.

44688

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1000  
City St. Louis (No. City Hosp # 1000) ..... St. .... Ward)

File No. ....  
Registered No. 11800

2. FULL NAME

(a) Residence, No. Dan Bartol .....  
(Usual place of abode) Genam Shelter 11 .....  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1934, to 12/4, 1934.  
I last saw him alive on 12/1, 1934. Death is said to have occurred on the date stated above, at 12:55 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 67

Cerebral Hemorrhage Date of onset

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

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Wife of M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabony DATE Dec 14 1934

19. UNDERTAKER J. B. Bredeck

20. FILED DEC 11 1934 Registrar.

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. E. Harris M. D.  
(Address) City, Hosp #

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

