

AUG 23 1935

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

Do not use this space.

24260

1. PLACE OF DEATH

County *St. Louis*
Township *Bonhomme*
City *Norwood*

Registration District No. *785*Primary Registration District No. *3097*(No. *1519 N. Woodlawn*)

File No.
Registered No. *134*
St. Ward)

2. FULL NAME

(a) Residence, No. *1519 N. Woodlawn* St. Ward.

(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-12-1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Miner (Coal)*

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) *Sandoval Illinois*13. NAME *Nevry Grucha*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Mrs Lily Ponds* (ADDRESS) *1519 N. Woodlawn*18. MANNER OF DEATH OR REMOVAL *Removal* PLACE *Sandoval Ill* DATE *8-1-35*19. UNDERTAKER *Louis H. Bopp* (ADDRESS) *Norwood Mo*20. FILED *7 31*, 1935 *Aged Kelly* Registrar *1511* (Address) *Norwood, Mo.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-30-1935*22. I HEREBY CERTIFY, That I attended deceased from *January 26* to *July 30*, 1935I last saw him alive on *June 15*, 1935. Death is saidto have occurred on the date stated above, at *2:30 P.M.*

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

*Chronic Myocarditis*Date of onset *Feb. 1933*

Other contributory causes of importance:

*Acute Aortic Aortic dilatation, caused by heart sun stroke while working out in Orchard.*Name of occupation *Chronic myocardial degeneration of Aorta*What test confirmed diagnosis? *Autopsy* Was there an autopsy?

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 ordinary in any way related to occupation of deceased? *No*If so, specify (Address) *W. Kelly*, M. D. *Norwood, Mo.*

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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1519 N. Woodlawn

Dr. J. Kelly

