

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
CERTIFICATE OF DEATH**

Do not use this space.

AUG 9 1935

24641

1. PLACE OF DEATH

County
Township
City *St. Louis* (No. *4634*)

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

File No. **6037**
Registered No. **6037**
St. Ward

2. FULL NAME

(a) Residence, No. *916 N. Rutger* St., *Ward 23*
(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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 26 - 35</i>		
7. AGE	YEARS <i>0</i>	MONTHS <i>1</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>mil</i>
	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) *St. Louis Mo*

13. NAME *Joseph Fernandez*

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

15. MAIDEN NAME *Anne*

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

17. INFORMANT *Wm. G. ...*
(ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lake Wood Park* DATE *July 16 1935*

19. UNDERTAKER *McLaughlin*
(ADDRESS) *7631 ...*

20. FILED **JUL 15 1935** *J. P. ...*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *6/22*, 1935 to *July 14, 35*

I last saw him alive on *7/14, 1935* Death is said to 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:

Date of onset	
	<i>Gastritis, acute</i>
	<i>Cause unknown</i>
	Other contributory causes of importance: <i>not gastro enteritis</i>

Name of operation Date of
What test confirmed diagnosis? *118 C* 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 *Ralph H. Barlow*
(Signed) *Ralph H. Barlow*, M. D.
(Address) *City St. Louis*

