

SEP 16 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

791
1003

Township St Louis
City St Louis

Primary Registration District No.

(No. City Hospital)

File No.

25121
6598

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. St. W.R. Ward. Maryland Heights Mo
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 10

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

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) May 1935 11. Total time (years) spent in this occupation

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~

15. MAIDEN NAME ~

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

17. INFORMANT (ADDRESS) Oliver Josephson

18. BURIAL, CREMATION, OR REMOVAL PLACE Ill Fll Cem. DATE 8-3-35

19. UNDERTAKER (ADDRESS) Baumman Bros Inc
Overland Mo

20. FILED REG - 2 1935 19 St Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935, to July 31, 1935. I last saw him alive on July 31, 1935. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Arterio-sclerotic Heart Disease
Senile Dementia

Date of onset

Other contributory causes of importance:
Bronchial Pneumonia

Name of operation

Date of

What test confirmed diagnosis?

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

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.L. Harris, M. D.

(Address) 1515 Lafayette Ave

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.

