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.

AUG 18 1936

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

Do not use this space.

29130

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 6325 Henry Ave., St. ..... Ward)

File No. .....

Registered No. 7907

2. FULL NAME Allen Agustus Mirick

(a) Residence, No. 6325 Henry Ave., St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Katharine Rugge Mirick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd. 1863

7. AGE: Years 72 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dock

10. Date deceased last worked at this occupation (month and year) 15 years ago

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Pa.

FATHER

13. NAME Moses Mirick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) princeton pa.

MOTHER

15. MAIDEN NAME Sarah Everett

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

17. INFORMANT Katherine L Paddon
(ADDRESS) 5622 Lansdown Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Ce m DATE July 27 1936

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.,

20. FILED JUL 26 1936 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 24, 1936

I last saw him alive on July 23, 1936. Death is said to have occurred on the date stated above, at 8.10 A.M.

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

	Date of onset
Cerebral Hemorrhage	July 19

Other contributory causes of importance:

Arteriosclerosis

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 ....., 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? No

If so, specify .....

(Signed) E. E. Emerson, M. D.

(Address) 3870 Easton