

DEC 3 1936

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**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **5511**) **Labadie Ave.** File No. **42831**
Registered No. **11388** St. Ward)

2. FULL NAME

Julia Hain.
5511 Labadie Ave.
(a) Residence, No. St. **6** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hain.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1859.				
7. AGE YEARS 77	MONTHS 10	DAYS 4	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.			
	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.				
FATHER	13. NAME James Bolger.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.			
MOTHER	15. MAIDEN NAME Ann. Ryan.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.			
17. INFORMANT William Hains. (ADDRESS) 5511 Labadie Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary Cemetery. Nov. 17, 1936.				
19. UNDERTAKER J. J. Quinn. (ADDRESS) 1522 N. Grand Bld'g.				
20. FILE NO. NOV 16 1936				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 9, 1936, to Nov 13, 1936**
I last saw him alive on **Nov 12, 1936** Death is said to have occurred on the date stated above, at **10:20 P. M.**
The principal cause of death and related causes of importance were as follows:
Acute Endocarditis Date of onset

Other contributory causes of importance:
Lobar Pneumonia Nov 9

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? **no** 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.
3870 Easton (Address)

Registrar.

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.

