

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

Do not use this space.

40280

1. PLACE OF DEATH

County

Registration District No. 77

Township

Primary Registration District No. 1003

City St. Louis (No. City of St. Louis)

File No.

Registered No. 12320

St.

Ward)

2. FULL NAME

(a) Residence. No. 1209 1/2 August Salterbrook St., Waukegan Ill. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Not known

7. AGE

abt. 55

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

London

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT (Address)

City of St. Louis

15.

FILED NO 29 1923

May 6 St. Louis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 25 1926

17.

I HEREBY CERTIFY That I attended deceased from Dec 18, 1926 to Dec 25, 1926 (that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 2:25 P.M.)

THE CAUSE OF DEATH WAS AS FOLLOWS

chronic pulmonary tuberculosis
23A

CONTRIBUTORY (SECONDARY)

31

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

18. DID AN OPERATION PRECEDE DEATH? DATE OF

8

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. ... M.D.
12/26, 1926 (Address) City of St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

DATE OF BURIAL

Dec 29 1926

20. UNDERTAKER

By Leidner and Co. N. Market St.

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

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.

Address