

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.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No.....
Primary Registration District No.....

91

003

File No.....
Registered No.....
St..... Ward.....

40365

12415

2. FULL NAME

(a) Residence No..... 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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).....

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY).....

PARENTS

14.

INFORMANT (Address).....

15.

FILED DEC 30 1926

1926

Max B. Storckoff

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 19th 1926, to Dec 28th 1926 that I last saw him alive on Dec 27th 1926, and that death occurred, on the date stated above, at 130 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 1069 Acute Bronchitis Non Tubercular (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None (Signed) Edwin J. Frohlich, M.D.

1429, 1926 (Address) 2806 No. 12th St

*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 DATE OF BURIAL

Calvary Dec 31 1926

20. UNDERTAKER ADDRESS

Benjamin M. Nichols 1138 76

4173

margaretta