

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

Do not use this space.

2669

1. PLACE OF DEATH

County..... Registration District No. 79x
 Township..... Primary Registration District No. 100
 City..... St. Louis (No. 5032) Ray Ave St. (Ward)

File No.
 Registered No. 253

2. FULL NAME

(a) Residence. No. 5032 Ray St. 15 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 60 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (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) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Gen. Green
 (Address) 5032 Ray Ave

15. FILED 7 10 27 Max Starkoff
 19 27 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25 1927 to Jan 5 1927 that I last saw him alive on Jan 4 1927 and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131 (duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1290

8. DID AN OPERATION PRECEDE DEATH? DATE OF ..
 WAS THERE AN AUTOPSY? ..
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adam G. Youngman, M.D.
Jan 6, 1927 (Address) 5032 Ray Ave

*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
Nat. Jefferson Cemetery 1-8 1927

20. UNDERTAKER Dr. Schumacher ADDRESS 3013 Missouri

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.

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