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

Do not use this space.
6348

File No.
Registered No. 1530

1. PLACE OF DEATH

County
Township
City St Louis Mo. (No. 4375 Penrose St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Harry Walter Squires, Sr.

(a) Residence. No. 4375 Penrose St., 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-30-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) K & L Planing Mill
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Isaac Squires
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Adaline Schultz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Mrs. Adaline Squires
(Address) 4375 Penrose

15. FILED FEB 14 1927, 19 Marl C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1927

17. I HEREBY CERTIFY, That I attended deceased from June 21-1926, 19..., to Feb 12 1927, 19..., that I last saw h. alive on Feb 12 1927, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart disease
Aortic insufficiency
Age 60
97 (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
, 19 (Address) 701 Century Bldg

*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 Memorial Park
DATE OF BURIAL 2-15-1927

20. UNDERTAKER Provost Lied Co
ADDRESS 3710 N. Grand

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.