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

Do not use this space.

17019

File No. 4982
Registered No.

1. PLACE OF DEATH

County
Township
Registration District No. 791
Primary Registration District No. 1003
City St Louis (No. City Hospital St. Ward)

2. FULL NAME 13746 Joseph Wilbur

(a) Residence. No. 3164 Magnolia St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	11	11	

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

PARENTS
10. NAME OF FATHER Joseph Mkr Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Ellen Trunton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT City Hospital Informant
(Address) City Hospital

15. FILED MAY 27 1927 May 6 Starkoff
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1927

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1927, to May 27, 1927, that I last saw h. alive on May 27, 1927, and that death occurred, on the date stated above, at 6 40 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. myocarditis
186 Ch. Nephritis
194 B Fatty degen
80 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Caused by falling from Chair at Residence (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Accident
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Dr. by Dr. R. Stitt Coroner 5/27/27
WHAT TEST CONFIRMED DIAGNOSIS?
5/27, 1927 (Signed) Dr. Hazen, M. D.
(Address) City Hospital

8 185

*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 New St Marcus — DATE OF BURIAL May 30 1927

20. UNDERTAKER Thos. Kuttis — ADDRESS 2906 Gravois

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.

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

Weber.