

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

Do not use this space.

19722

**1. PLACE OF DEATH**

County.....*St. Louis*..... Registration District No. **791**  
 Township.....*St. Louis*..... City, Registration District No. **1003**  
 City.....*St. Louis*..... (No. *St. Louis Hosp.*)

File No. ....  
 Registered No. **5429**  
 St. .... Ward

**2. FULL NAME**

(a) Residence. No. *4322 Lindell* St., *019* Ward.

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** *Male* | **4. COLOR OR RACE** *White* | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** *Married*

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Dec 10 1868*

**7. AGE** YEARS MONTHS DAYS *58 | 6 | 07* **IF LESS than 1 day, hrs. or min.**

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work *Certified*  
 (b) General nature of industry, business, or establishment in which employed (or employee) *Public Accountant*  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Irvington Ontario, Canada*

**10. NAME OF FATHER** *Unknown*

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

**12. MAIDEN NAME OF MOTHER** *Unknown*

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

**14. INFORMANT** *Geo. P. Han Ryan*  
 (Address) *4 No. Kingshighway*

**15. DATE** *JUN 12 1927* **MADE BY** *Maub Starkeoff*  
 REGISTERED

**4 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *June 10 1927*

**17. I HEREBY CERTIFY**, That I attended deceased from *Sept. 11, 1927*, to *June 10, 1927* that I last saw h. *live* on *June 10, 1927*, and that death occurred, on the date stated above, at *6:05 p.m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
*Cerebral Hemorrhage  
 Apoplexy*

**CONTRIBUTORY** *Arteriosclerosis - hypertensive*  
 (SECONDARY) *chronic nephritis* (duration) *5* yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** *1290*  
 IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF...  
 WAS THERE AN AUTOPSY? *no*

**WHAT TEST CONFIRMED DIAGNOSIS** *Physical examination*  
 (Signed) *James P. Rutledge*, M. D.  
*June 11, 1927* (Address) *5233 Mt. View 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** *Oak Grove* **DATE OF BURIAL** *June 13 1927*

**20. UNDERTAKER** *Wagner* **ADDRESS** *3624 Olive*

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.

