

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

Do not use this space.

21464

1. PLACE OF DEATH

County Jackson
Towship St. Louis
City St. Louis (No. 2760)

Registration District No. 399
Primary Registration District No. 1002

File No. 2012
Registered No. 2012
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2760 Holmes St., 3 Ward, St. Louis Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ____ da. How long in U.S., if of foreign birth? yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1857

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ____ hrs. or ____ min. |
| | <u>76</u> | <u>3</u> | <u>1</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Germany

PARENTS

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 P. W. Schmale
(Address) 2760 Holmes

15.

FILED 7/15 27 M. M. Conner
REGISTRAR ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1927
17. I HEREBY CERTIFY, That I attended deceased from July 12, 1927, to July 14, 1927 that I last saw him alive on July 14, 1927, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
secondary to
hypertension
of long duration
820 (duration) yrs. ____ mos. ____ da.

CONTRIBUTORY (SECONDARY) hypertension of long duration
(duration) yrs. ____ mos. 2 da.

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

DID AN OPERATIVE PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Stomach contents
(Signed) at Mack..., M. D.

7/5, 1927 (Address) 901 Chapin Bldg 15.07ms

*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 Cremation DATE OF BURIAL 7-16 19 27

20. UNDERTAKER L. H. Newcomer ADDRESS 16. Mo.

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.

901 Adams St
Via S 84th
11:30 - 1; 3-5