

AUG 8 1927

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

Do not use this space.

22454

## 1. PLACE OF DEATH

County St. Louis  
Township Cassdale  
City St. Louis (No. Robert Koch Hospital)

Registration District No. 1123  
Primary Registration District No. 6248 B

File No. ....  
Registered No. 256  
St. .... Ward)

## 2. FULL NAME

Thomas Mackedow  
(a) Residence. No. 905 Market St. 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. mos. da. 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 | Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March - 10 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

57 | 3 | 28

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keokuk, Ia.  
(STATE OR COUNTRY)

10. NAME OF FATHER Michael Mackedow

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

12. MAIDEN NAME OF MOTHER Mary Hodges

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

14. INFORMANT Robert Koch Hosp. Records  
(Address) St. Louis Mo.

15. July 6 1927 L. C. Obrock  
FILED REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-25 to 7-6, 1927, and that I last saw him alive on 7-5, 1927, and that death occurred, on the date stated above, at 5:25 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

11/2/27 31  
(duration) yrs. mos. ds.

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

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Sputum  
(Signed) Ralph H. Eberhart, M. D.

7-6, 1917 (Address) Koch Hospital

\*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

Evansville Ind. July 6 1927

20. UNDERTAKER ADDRESS 1926

T. W. Biederstein St. Louis Ave.

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.

