

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

Do not use this space.

22688

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis (No. Peoples Hospital)

File No.....

Registered No. |

6342

St.....

Ward)

2. FULL NAME

(a) Residence. No. *4357* *Cook* St., *11* 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

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

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

Apr. 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

abt 72

8. OCCUPATION OF DECEASED

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

School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Linn, Mo

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

*William Wilson
4357 Cook Ar.*

15.

FILED

19

*JUL 11 1927
Max E. Starkoff*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 9, 1927

17.

I HEREBY CERTIFY, That I attended deceased from

June 27, 1927, to July 9, 1927
that I last saw him alive on *July 9, 1927*, and that death occurred, on the date stated above, at *11:45 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis about 1 yr

CONTRIBUTORY (SECONDARY)

1290 Home

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Home

19. DID AN OPERATION PRECEDE DEATH.....

no

DATE OF

20. WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS.....

Symptoms & Shuntalypia

(Signed)

7/11, 1927 (Address)

H. S. Compton 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

DATE OF BURIAL

St. Peter's Cemetery July 12-1927

20. UNDERTAKER

*Max E. Starkoff
4357 Cook Ar.*

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.

