

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

Do not use this space.

22775

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 900 Lower Grove Av. St. Ward)

File No.....  
 Registered No. 6435  
 St. Ward)

**2. FULL NAME**

Joseph Back  
 (a) Residence, No. 1900 Lower Grove St. Ward. 18  
 (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. da.

**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 Louise Back  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 | 11 | 8  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) St. Louis Shovel Wks.  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 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 Louise Back  
 (Address) 900 Lower Grove Av.

15. FILED JUL 14 1927 May 6 Starkeoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1927  
 17. I HEREBY CERTIFY, That I attended deceased from April 6, 1927 to July 12, 1927 that I last saw him alive on July 11, 1927 and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Throat  
4 1/2 (duration) yrs. 4 mos. da.  
 CONTRIBUTORY Pulmonary Interstitial (SECONDARY) (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?  
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Microscopic  
 (Signed) T. J. Snow M. D.  
743-227 (Address) 1336 Franklin

\*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 St. Peter & Paul Cem. DATE OF BURIAL 7-15-1927

20. UNDERTAKER Knigshauer U. C. Mauchester ADDRESS 4104

COPYED FROM ORIGINAL WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

