

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

Do not use this space.

25755

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **4479² Forest Park Blvd**) St. Ward) Registered No. **17356**

2. FULL NAME

(a) Residence. No. **4479² Forest Park Blvd** St. **18** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **wh.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **J.M. Jacks**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 13 - 1845**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 | 6 | 1

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

9. BIRTHPLACE (CITY OR TOWN) **Marietta**
 (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **Trub. Shuie**

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

12. MAIDEN NAME OF MOTHER **Trub. Willis**

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

14. INFORMANT **Missess Melloy**
 (Address) **4479² Forest Park Blvd**

15. FILED **UG 15 1927** **Mar. C. Stark**
 FILED 19. **19** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 14th 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Jul 5th**, 1927, to **Aug 14**, 1927, that I last saw him alive on **14th**, 1927, and that death occurred, on the date stated above, at **3 a.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Debility
 (duration) yrs. mos. da.
 CONTRIBUTORY **retrocardiac degeneration**
 (SECONDARY) **trouble** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **9000**
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **usual**
 (Signed) **Emmet H. Shrover**, M. D.
 , 19 (Address) **4399 Forest Park Bl.**

*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 **Valhalla** DATE OF BURIAL **Aug 16 1927**

20. UNDERTAKER **Carburetor and Co** ADDRESS **4473 1/2**
St. Louis

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

