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

Do not use this space.

28421

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7944

Township ..... Primary Registration District No. 1003 Registered No. 7944

City St Louis (No. ....., St Mary's Infirmary St. ..... Ward)

2. FULL NAME Martin Cardiff

(a) Residence. No. 4422 Miami St. 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1860

7. AGE: Years 66 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: Do Not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Do Not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Johana Cardiff
(Address) 4422 Miami St

15. FILED SEP 21 1927 Max Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/5/27 19

17. I HEREBY CERTIFY, That I attended deceased from 8-30-27, 19..., to 9/5/27, 19..., that I last saw him alive on 9/5/27, 19..., and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General arteriosclerosis
93C
90B
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Eugene H Moore, M. D
9/5/27, 19 (Address) 1536 Papin

*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: Calvary
DATE OF BURIAL: Sept 8 1927

20. UNDERTAKER: J M O'Collins
ADDRESS: 928 N Grand

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.