

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis, No. St. Lukes Hosp., St. 11 (Ward)

File No. 2882571
 Registered No. 11

2. FULL NAME

(a) Residence, No. # 6359 Waterman, Ave St. Louis Co. Mo.
 (Usual place of abode) (If nonresident give city of town and State)
 Length of residence in city or town where death occurred yrs. mos. 12 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 Lily Higbee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
53 | 3 | 3 | 3

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

10. NAME OF FATHER Edw. H. Higbee

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

12. MAIDEN NAME OF MOTHER Onnie E. Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York N. Y.

14. INFORMANT Martin Parronert
 (Address) #4490 Pindally Blvd.

15. FILED SEP 20 1927 Mar. C. Stanley
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20-1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1927 to Nov 20, 1927 that I last saw him alive on Nov 19, 1927, and that death occurred, on the date stated above, at 4:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Accidental

CONTRIBUTORY (SECONDARY) Lysol Poisoning (duration) yrs. mos. 3 ds.
(accidental) (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Ill
 (CITY OR TOWN) (STATE OR COUNTRY)
 (DATE AT PLACE OF DEATH) 19/20/27

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
Specimen, M. D.
 (Signed) Mar. C. Stanley
4490, 1927 (Address) 3701 Washburne Pl

*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 Bellfontaine, Tenn DATE OF BURIAL 9-22-1927

20. UNDERTAKER C. P. Rupton ADDRESS Street #4490

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.

RECORDED IN THIS IS A PERMANENT RECORD

Dr. A. W. W. W.
3701 State St.
Hindell 6585.