

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

Do not use this space.

28858

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 7013 Dutherland Ar.)

File No.....
Registered No. 8414
St. Ward)

2. FULL NAME

(a) Residence. No. 7013 Dutherland Ar. St. 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George Hill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 | 6 | 18 | — | — | —

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

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

10. NAME OF FATHER James Denton

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 Nellie Koff
(Address) 7019 Dutherland Ar.

15. FILED SEP 21 1927 May C Starling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 7/14, 1927, to 9/20, 1927, that I last saw him alive on 9/16, 1927, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Chronic Parenchymatous Nephritis
151 129d (duration) 1 yrs. mos. ds.
CONTRIBUTORY Chronic Valvular Disease of Heart (SECONDARY) (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) O. S. Decker
9/21, 1927 (Address) Chouteau Tr. Bldg.

*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 Kolla Mo. DATE OF BURIAL Sept 22, 1927

20. UNDERTAKER Kriegshauser, U. C. Bauchester ADDRESS 4104

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.

PERMANENT RECORD

Dr. Eduardo Chortean Guest R.R. 2.

1-2 1/2 M.