

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

Do not use this space.

548  
31720

**1. PLACE OF DEATH**

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward

**2. FULL NAME**

(a) Residence. No.

St.

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.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

W

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

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Rosa

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

June 3 1871

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

4

26

**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)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill

**10. NAME OF FATHER**

John DeKeyser

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No record

**12. MAIDEN NAME OF MOTHER**

No record

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No record

**14.**

INFORMANT

(Address)

Mrs. Rosa DeKeyser  
Jules Mo.

**15.**

FILED

1927

Benjamin Clark

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Oct 31<sup>st</sup> 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from

1927, to

1927

that I last saw him alive on Oct 30 1927, and that death occurred, on the date stated above, at 10 P M

THE CAUSE OF DEATH WAS AS FOLLOWS:

Intoxication of Alcohol

25

33

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. J. Cartwright, M. D.

, 19 (Address) 801 Brady St. St. Louis Mo.

\*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**

**DATE OF BURIAL**

Forest Park

11-1-1927

**20. UNDERTAKER**

**ADDRESS**

Wurlbut and Co

St. Louis Mo.

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.

THIS IS A PERMANENT RECORD

7.5

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