

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

Do not use this space.

38798

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 11529
 Township St. Louis Primary Registration District No. 1003 Registered No. 11529
 City St. Louis (No. 3008 Memisattahoe St. Memisattahoe Ward)

2. FULL NAME

(a) Residence. No. 3008 Memisattahoe St. Memisattahoe Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 11 | 13 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Civil Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jennie King
 (Address) Enid Oklahoma

15. FILED DEC 24 1927 man b Starkoff
 RECORDED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 21, 1927, that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

921 Myo. carditis Chronic

CONTRIBUTORY (SECONDARY) 90B

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? Clinical

(Signed) Wm R. Nye, M. D.

, 19 (Address) 2946 Gravois av.

*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 Concordia DATE OF BURIAL Dec 24 1927

20. UNDERTAKER Thos Kuttis ADDRESS 2906 Gravois

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.

