

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

Do not use this space.

2645

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **F 209**

Township.....

Primary Registration District No. **1003**

Registered No. **209**

City **St. Louis** (No. **2720 Morgan**)

St. **21** Ward

2. FULL NAME

(a) Residence. No. **2720 Morgan St.** **21** Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 30th 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 7 3

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

9. BIRTHPLACE (CITY OR TOWN) **Starkville**
(STATE OR COUNTRY) **Mississippi**

10. NAME OF FATHER **unknown**

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

12. MAIDEN NAME OF MOTHER **Annie Knight**

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

14. INFORMANT **Louis Bruck**
(Address) **2720 Morgan**

15. FILED **ALL - 6 1928** **May 6 Starkoff** REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-3 1928**

17. I HEREBY CERTIFY That I attended deceased from **Dec 15 1927** to **Jan 2 1928** that I last saw him alive on **Jan 3 1928** and that death occurred, on the date stated above, at **9:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131

CONTRIBUTORY (SECONDARY) **Chronic Paralysis**
nephritis (duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1219 W**
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? **no** DATE OF
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **W. Moore**, M. D.
(Address) **14 1928 1336 Frank**

*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 **Starkville, Miss.** DATE OF BURIAL **1-7-1928**

20. UNDERTAKER **C. J. Hatten** ADDRESS **4107-9 Trinity**

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.

