WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space 2740

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 312

Township ..... Primary Registration District No. 1003 Registered No. 7

City St. Louis (No. 5800 Arsenal St. St. Mo. Hosp.

2. FULL NAME Charles Natestine

(a) Residence. No. 5800 Arsenal St., M. Hosp. 13
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: About 78 YEARS; MONTHS ?; DAYS ?; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 131 936 97
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Rooming House Prop.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER James Natestine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Josephine Natestine
(Address) City Sanitarium

15. FILED JAN 10 1928, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1924, to Jan 9, 1928 that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 12:40 A.m.

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

1240

(duration) 40 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr Nephritis. Arteriosclerosis. (duration) 40 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? None.

(Signed) George Lewis Wengle, M.D.

, 19 (Address) Isolation

*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: St. Johns North — DATE OF BURIAL: Jan 11 1928

20. UNDERTAKER: Ny Leidner Und Co — ADDRESS: 1417 N. Market St.