

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

Do not use this space.

2811

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1803
 City S. A. Louis Mo. No. 2730 Caroline St. St. _____ Ward _____
 Registered No. 390

2. FULL NAME

(a) Residence. No. 2730 Caroline St. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 1 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Repairer
 (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) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. E. J. Thalmueller
2730 Caroline St.

15. FILED Nov 11 1928 Maule Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9-1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1927 to Jan 9 1928 and that I last saw him alive on Jan 9 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
6 hr interstitial nephritis
6 hr myocarditis

CONTRIBUTORY (SECONDARY) 129 W

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: No

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

WHAT TEST CONFIRMED DIAGNOSIS? General Observation
 (Signed) Henry J. Strick M. D.
 , 19 (Address) 2867th Park Rd.

*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 Paducah Ky. DATE OF BURIAL Jan 11 1928

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette

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.

