

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

Do not use this space.

3165

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **4355 Page Ave**)

File No. **784**
Registered No. **784**
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **4355 Page Ave 11** 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 **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 10 1857**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	20	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **house work**
(b) General nature of industry, business, or establishment in which employed (or employer) **at home**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Wilson**

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

12. MAIDEN NAME OF MOTHER **Martha Armon**

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

14. INFORMANT **Burt Armstrong**
(Address) **4355 Page Ave**

15. FILED **JAN 31 1928** **Max L. Starnes** REGISTERAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 19 1928**

17. I HEREBY CERTIFY, That I attended deceased from **November 25th**, 1927, to **January 19, 1928** that I last saw h. e. alive on **January 19, 1928** and that death occurred, on the date stated above, at **11:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
Chronic Parenchymatous nephritis
(duration) **1** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **arteriosclerosis**
(duration) **3** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **129 W**
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. Gallagher** M. D.

1/20 1928 (Address) **311-303 Wall Bldg**

*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 **Walton Memorial Park** DATE OF BURIAL **Jan 22 1928**

20. UNDERTAKER **Louellen Kelly** ADDRESS **4526 Easton**

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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.

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