Goodhart

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

Do not use this space. 3380

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1009

City St. Louis, Mo. (No. ..... Sanitarium St. ..... Ward)

2. FULL NAME Rosell Churchill

(a) Residence. No. 3945 Flad Av. 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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): Separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1. 1858

7. AGE: Years 69 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Traveling Passenger
(b) General nature of industry, business, or establishment in which employed (or employer): Agent. Rail Road
(c) Name of employer: Illinois Central R.R.

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) New York

14. INFORMANT: K E Theirell
(Address) City San

15. FILED 27 1928 May C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-23-1928

17. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1928, to 1-23-, 1928 that I last saw h— alive on 1-23-, 1928, and that death occurred, on the date stated above, at 12:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic
59 Myocarditis
93C
57 (duration) ..... yrs. ..... mos. 15 ds. +

CONTRIBUTORY (SECONDARY) Diabetes mellitus (duration) ..... yrs. ..... mos. 15 ds. +

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? —

(Signed) K E Theirell, M. D
1-23, 1928 (Address) City San

*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: Valhalla
DATE OF BURIAL: 1-28 1928

20. UNDERTAKER: Goodhart - Goodhart
ADDRESS: 2228 St Louis av

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.