

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

Do not use this space.

6422

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No. ....

Registered No. 1328

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 4130 Manchester St. Ward. 18

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1928

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

17. I HEREBY CERTIFY That I attended deceased from Jan 17 1928 to Feb 3 1928 that I last saw him live on Feb 3 1928 and that death occurred, on the date stated above, at 4:15 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1878

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>50</u>			

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis  
12/12/29 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) 12/29/28 (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

10. NAME OF FATHER

WHAT TEST CONFIRMED DIAGNOSIS.....

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

(Signed) Henry C. Westerman, M. D.

12. MAIDEN NAME OF MOTHER

Feb 1928 (Address) City Hospital

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

\*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.

14. INFORMANT (Address) City Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cemetery DATE OF BURIAL 2-6-1928

15. FILED Feb 1928 REGISTRAR W. H. Grieshauser

20. UNDERTAKER W. H. Grieshauser ADDRESS 4104 Manchester St.

X. 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.

William L. G. L.