

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

Do not use this space.

6718

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1005  
City St. Louis Mo. (No. 2510) Elliott ave

File No. ....  
Registered No. 1670  
St. .... Ward)

**2. FULL NAME** Alidor Deschrodt

(a) Residence. No. 2510 Elliott Ave St. 10 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>5</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED.**

(a) Trade, profession, or particular kind of work cook.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER Al. Deschrodt.

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

12. MAIDEN NAME OF MOTHER Don't know.

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

14. INFORMANT Caroline Deschrodt.  
(Address) 2510 Elliott Ave.

15. FILED 11 1928 Max C. Standley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Feb. 13, 1928 that I last saw him alive on Feb. 12, 1928 and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
97  
Chronic Intestinal Nephritis  
(duration) Chronic  
CONTRIBUTORY Arterio Sclerosis  
(SECONDARY) Chronic  
(duration) Chronic

18. WHERE WAS DISEASE CONTRACTED 127 W 3

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Lab.

(Signed) Attley es, M. D.

14, 1928 (Address) 1800 elms St

\*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 Calvary. DATE OF BURIAL Feb. 16 1928

20. UNDERTAKER By Leidner Und Co. S. Market  
ADDRESS 1417

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.

