

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

Do not use this space.

6837

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1002  
 City St. Louis (No. St. Lukes Hospital) St. 1795 (Ward)

**2. FULL NAME**

(a) Residence. No. 5361 Ruskin Cr. Ward. 7  
 (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**

2. 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 Annie T. Routh  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22, 1875  
 7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. min.  
52 5 24 — — —

**8. OCCUPATION OF DECEASED**

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

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

New Albany Ind.

**PARENTS**  
 10. NAME OF FATHER Cyrus Routh  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 12. MAIDEN NAME OF MOTHER Not known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Annie Routh  
 (Address) 5361 Ruskin Cr.

15. FILED 553 18 1928 Max C. Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Feb. 16, 1928, that I last saw him alive on Feb. 16, 1928, and that death occurred, on the date stated above, at 10:20 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic interstitial nephritis with uremia 131  
129 (duration) 130 yrs. 3 mos. — ds.  
 CONTRIBUTORY acute arteriosclerosis (SECONDARY)  
hypertension (duration) 1 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Home

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Anthony B. Day, M. D.

Feb. 16, 1928 (Address) 1017 Beaumont 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** **DATE OF BURIAL**

Walhalla Cemetery Feb. 18, 1928

**20. UNDERTAKER** **ADDRESS**

Math. Hermann & Son 410 1/2 West Harrison Cr.

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.

RECORD

