

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

Do not use this space.

6972

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 002

Registered No. 1937

City St. Louis (No. City of St. Louis)

St. Ward)

2. FULL NAME

(a) Residence. No. 5141 Madison St. 2 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 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 Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1928

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

17. I HEREBY CERTIFY That I attended deceased from Jan 18 1928 to Feb 22 1928 that I last saw him alive on Jan 28 1928, and that death occurred, on the date stated above, at 835 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 1853

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 7 15

Lobar pneumonia
104
131 / 1010 (duration) yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) Chronic diffuse nephritis
General arteriosclerosis (duration) yrs. mos. da.

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

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

10. NAME OF FATHER Unknown

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

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mattheos

12. MAIDEN NAME OF MOTHER Unknown

20. DATE OF BURIAL Feb 23 1928

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry C. Westerman, M. D.
1928 (Address) City of St. Louis

14. INFORMANT (Address) Russell
City of St. Louis

*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.

15. FILED 22 1928 Mar 6 1928 Starkoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mattheos

20. UNDERTAKER Wacker Helder ADDRESS 2331-S Belmont

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.

THIS IS A PERMANENT RECORD

Kattly