

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

Do not use this space.

9176

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township 1st Primary Registration District No. 1007
 City St. Louis (No. Mersey Hosp) St. _____ Ward _____

File No. _____
 Registered No. 8376

2. FULL NAME

(a) Residence. No. 5018 E-10th St. 1st 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 - 27

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>		<u>0</u>	

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Frank Lee

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

12. MAIDEN NAME OF MOTHER Louella Jiffard

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

14. INFORMANT Mr. Frank Lee (Address) 5018 E-10th St.

15. FILED 3/26, 1928 M. M. Lawrence REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Mar 24, 1928 that I last saw him alive on Mar 23, 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dehydration Toxemia
670
158
34 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Congenital Loo's 2 (not certain) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Spec. Infection
 (Signed) Harry Berger M.D. _____, M. D.
3/25, 1928 (Address) Federal Reserve Bank 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 Forest Hill DATE OF BURIAL March 27 1928

20. UNDERTAKER Rose & Co - City ADDRESS _____

WHITE PAPER, 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.

