

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Towaship.....

Primary Registration District No. **1003**

City **St. Louis** (No. **Greyfield**)

File No. **10761**

Registered No. **2580**

St. \_\_\_\_\_ Ward

**2. FULL NAME**

(a) Residence. No. **16 S Broadway**, **25** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **22** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Single**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Sept 30 1873**

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<b>54</b>	<b>5</b>	<b>4</b>	

**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)**

(STATE OR COUNTRY) **Texas**

**10. NAME OF FATHER**

**Robert Gaston**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Kentucky**

**12. MAIDEN NAME OF MOTHER**

**Louisa Ashby**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Kentucky**

**14.**

INFORMANT

(Address) **Greyfield**

**15.**

FILED

**May 6 1928**  
**Max B. Starkoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**3**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**May 5 1928**

**17.**

I HEREBY CERTIFY, That I attended deceased from **May 5 1928** to **May 5 1928** that I last saw him alive on **May 5 1928**, and that death occurred, on the date stated above, at **8:50 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Lobar Pneumonia**  
**108**  
**181**  
**92C** (duration) yrs. mos. ds.  
**Chronic myocarditis**  
(SECONDARY)  
**Chronic diffuse nephritis** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

**8**

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Kenny C. Waterman**, M. D.  
**3/6**, 19**28** (Address) **Greyfield**

\*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**

**3-8 1928**  
**Grims Cemetery**  
**20. UNDERTAKER**  
**Geo. L. Deutsch** **5966 Eastern**  
ADDRESS

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.

WHILE THE VITAL RECORDS ARE BEING MADE THIS IS A PERMANENT RECORD

Taxton