

**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**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo** (No.)

Sanitarium (No.) St. Ward)

File No. **15022**
Registered No. **13938**

2. FULL NAME

Joseph Massengale

(a) Residence. No. **4149 Delmar St.** Ward. **13**

Length of residence in city or town where death occurred **23** yrs. **4** 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **Elizabeth Massengale**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 5, 1858**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	1	4	

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

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

10. NAME OF FATHER **John Massengale**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **William T. Gittel, M.D.**
(Address) **530 Arsenal St.**

15. FILED **10 10 1928** **May C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-9-1928**

17. I HEREBY CERTIFY, That I attended deceased from **Mar. 21, 1928**, to **Apr. 9, 1928** that I last saw **alive** on **Apr. 8, 1928**, and that death occurred, on the date stated above, at **2:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho-pneumonia
921
1078
(duration) - yrs. - mos. **5** ds.

CONTRIBUTORY (SECONDARY) **Chronic Myocarditis**
(duration) - yrs. **4** mos. **19** ds. +

18. WHERE WAS DISEASE CONTRACTED **9013**
IF NOT AT PLACE OF DEATH.....

Did an operation precede death? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
(Signed) **William T. Gittel**, M.D.
4/9, 1928 (Address) **530 Arsenal 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 **Mount Olivet** DATE OF BURIAL **4/10 1928**

20. UNDERTAKER **Hoffensutter & Co** ADDRESS **7814 S. Broadway**

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.

