

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

Do not use this space.

15744

15474

791

1003

File No. \_\_\_\_\_  
Registered No. 4739  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. City 1000)

**2. FULL NAME**

(a) Residence No. 1183 Small St. Ward 8  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 57 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 | 7 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Barber  
(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) Mexico

PARENTS

10. NAME OF FATHER Mike Almus  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Mary Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Ray C Stankley

15. FILED MAY - 1 1928 Ray C Stankley REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1928  
17. \_\_\_\_\_

I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 1928 to \_\_\_\_\_ 1928 that I last saw him alive on Apr 29 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

(duration) yrs. mos. da. 94 W

CONTRIBUTORY (SECONDARY) Multiple Sclerosis - cause unknown.  
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Robert H. Simpson, M. D.  
430, 1928 (Address) City 1000

\*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 (CITY OR TOWN) (STATE OR COUNTRY) DATE OF BURIAL  
St. Peter's P.D. 5-2-1928  
Witt Bros & Co.

20. UNDERTAKER ADDRESS  
2929 So Jefferson Ave.

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.

Almus.