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.

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

Do not use this space.

791
1003

18635

File No.
Registered No. 5011

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. 5623 Terry a St. Ward)

2. FULL NAME William L Todd

(a) Residence. No. St., 6 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. 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1927

7. AGE: Years | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) St Louis

PARENTS
10. NAME OF FATHER William J Todd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis
12. MAIDEN NAME OF MOTHER Catherine McNally
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

14. INFORMANT Wm J Todd
(Address) 5623 Terry a

15. FILED MAY -8 1928, 19 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/6 1928

17. I HEREBY CERTIFY, That I attended deceased from Apl 16, 1928, to May 6, 1928, that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
106A following an upper respiratory
107A infection
89A (duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Otitis media
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 100 A
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) Maurice Fonseca, M. D
5/7, 1928 (Address) 4903 Delmar

*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: Calvary
DATE OF BURIAL: 5-8 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Washd

Dr Lonsway
4903 Delmar

1-3

F 21 36