

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

Do not use this space.

18755

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **4165A**, **Russell Blvd.**, St. Ward)

File No.

Registered No. **5150**

2. FULL NAME

(a) Residence. No. St. **17** Ward. **Pine Bluff Ark.**
(Usual place of abode) (If nonresident give city of town and State)

Length of residence in city or town where death occurred — yrs. — mos. **35** 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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Mary Welch**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 12 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 | **7** | **27**

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

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

10. NAME OF FATHER **Thos. A. Golden**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Buffalo**
(STATE OR COUNTRY) **New York**

12. MAIDEN NAME OF MOTHER **Ellen Murphy**

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

14. INFORMANT **M. A. Golden**
(Address) **East St Louis Ill**

15. FILED **MAY 10 1928** **Max C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... that I last saw him alive on, 19....., and that death occurred, on the date stated above, at, 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumic Myocarditis
9 1/2 (duration) yrs. mos. ds.
9 3/4 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Aneurysm**
7 (duration) yrs. mos. ds.
Wind

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

DID AN OPERATION PRECEDE DEATH? **8** **NO** DATE OF.....
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. W. Kerner, M.D.**
5/10, 1928 (Address) **Dep. Coroner**

*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 **St. Carmel Bellefonte** DATE OF BURIAL **May 12 1928**

20. UNDERTAKER **Thos. Burke** ADDRESS **East St Louis**

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.

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