

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

Do not use this space.

21924

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3428 - Pennsylvaniana Ave Ward)

file No.....
 Registered No. 6053

2. FULL NAME

(a) Residence. No. 3428 Pennsylvaniana Ave Ward.....
 (Usual place of abode) (If nonresident give city or town and State), da.
 Length of residence in city or town where death occurred yrs. mos. ds. 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 Wilhelmina Daas
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15, 1860
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 | 4 | 19
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

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

14. INFORMANT Wilhelmina Daas
 (Address) 3428 Pennsylvaniana

15. FILED MA -6 1928 May 15 1928
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928
 17. I HEREBY CERTIFY That I attended deceased from April 20, 1928, to June 4, 1928
 that I last saw h. a. a. alive on June 3, 1928 and that death occurred, on the date stated above, at 5:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
of Myo Carditis Chronic
 (duration) 7 yrs. mos. ds.
 CONTRIBUTORY Acute Cardiac Dilatation
 (SECONDARY) (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.
 19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
 WAS THERE AN AUTOPSY? no.
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Adam Youngman, M.D.
6/5, 1928 (Address) 5439 Gravois
 *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 Forest Burial Park DATE OF BURIAL June 6 1928

20. UNDERTAKER Wacker-Heldorff ADDRESS 2331 S. Bluff

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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