

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

Do not use this space.

22147

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **City of St. Louis**)

File No.

Registered No. **6322**

St. Ward

2. FULL NAME

(a) Residence. No. **4705 Margaret St.** Ward. **7**

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **4 1/2** 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) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
abt. 4 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Asbestos Worker**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **Mathew Wood**

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

12. MAIDEN NAME OF MOTHER **June Downs**

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

14. INFORMANT **Dr. R. E. Stanley**
(Address) **City of St. Louis**

15. FILED **ON 11 1928**
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 12 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 11 1928** to **June 12 1928** that I last saw him alive on **June 12 1928**, and that death occurred, on the date stated above, at **5:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema of right chest, cause unknown, non tubercular

CONTRIBUTORY (SECONDARY) **Chronic myocarditis**
General arteriosclerosis

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

DID AN OPERATION PRECEDE DEATH? **NO**
WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Henry C. Westerman**, M. D.
6/12 1928 (Address) **City of St. Louis**

*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 **Met. O. bur** DATE OF BURIAL **6/15 1928**

20. UNDERTAKER **Southern** ADDRESS **1315 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.

Ward.