

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.

22214

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *1003*)

File No.

Registered No. 6396

St.

Ward)

2. FULL NAME

(a) Residence. No. *1535e Mariner* St. *25* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U.S., if of foreign birth? *25* yrs. *0* mos. *0* 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 78**✓**✓*

8. OCCUPATION OF DECEASED

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

Writer

(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)

Missouri

10. NAME OF FATHER

Joseph Royt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Dorothy Hallada

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bohemia

PARENTS

14.

INFORMANT
(Address)*Chas. D. Harkley*

15.

FILED *11 N 16 1928**Chas. D. Harkley*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 12 1928

17.

HEREBY CERTIFY, That I attended deceased from *May 28*, 19*28*, to *June 12*, 19*28*, that I last saw *him* alive on *June 12*, 19*28*, and that death occurred, on the date stated above, at *12 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus(duration) *1* yrs. *0* mos. *0* ds.

CONTRIBUTORY (SECONDARY)

Abscess of face - cause unknown(duration) *1* yrs. *0* mos. *0* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Henry C. Westerman, M.D.*
(Address) *City The Palace*

*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

DATE OF BURIAL

*Ashland Wis.**6/18 1928*

20. UNDERTAKER

ADDRESS

*Southern U. & L. Co.**7315 B'dway*

Rogt.