

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.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

St. Louis

No. Baptist Cemetery

File No. 22359  
6548

Registered No. ....

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence. No. 4612<sup>1</sup>/<sub>2</sub> Labadie

St. 10

Ward. ....

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (Write the word)

Widowed

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Undetermined

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

About 58

## 8. OCCUPATION OF DECEASED

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

(c) Name of employer

Housewife

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

John Carey

St. Louis

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mary Persch

Germany

## 14.

INFORMANT  
(Address)Lenore Lynn  
4612<sup>1</sup>/<sub>2</sub> Labadie Ave

## 15.

FILED

JUN 21 1928

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

June 19, 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from  
May 20, 1928, to June 19, 1928  
that I last saw him alive on June 19, 1928, and that  
death occurred, on the date stated above, at about noon

THE CAUSE OF DEATH WAS AS FOLLOWS:

Encephalitis (probably  
Epidemic type  
(duration) about 2 mos.

CONTRIBUTORY  
(SECONDARY)

Do not know  
(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

## 19. DID AN OPERATION PRECEDE DEATH.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

, 19

(Address)

\*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

Calvary Cemetery

June 22, 1928

## 20. UNDERTAKER

## ADDRESS

Chas. L. Geraghty

4822 Easton Ave

