

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.

22425

## 1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City *St. Louis*(No. *2209* *Rebert* *St*)

File No.

Registered No.

6617

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. *2209* *Rebert*St. *20* Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

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)

*Mar. 17 1861*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

*67**3**6*

## 8. OCCUPATION OF DECEASED

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

*Shoe maker*

(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)

*Pennsylvania*

## 10. NAME OF FATHER

*Patrick M. Plake*

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

(STATE OR COUNTRY)

*Ireland*

## 12. MAIDEN NAME OF MOTHER

*Ann Johnson*

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

(STATE OR COUNTRY)

*Ireland*

## 14.

INFORMANT  
(Address)*Sp. Ignace de Sapola  
2209 Rebert*

## 15.

FILED

*Max C. Parkley*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

*June 23 4:45 P.M. 1928*

## 17.

I HEREBY CERTIFY That I attended deceased from *June 23 1928*that I last saw him alive on *June 23 1928*, and that death occurred, on the date stated above, at *4:45 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*

## CONTRIBUTORY (SECONDARY)

*Chronic Intestinal Nephritis  
Cystitis*

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

*No*

DATE OF.....

WAS THERE AN AUTOPSY.....

*No*

WHAT TEST CONFIRMED DIAGNOSIS.....

*Clinical Examination*

(Signed).....

*Anthony A. Parkley, M.D.*

6/23, 1928 (Address)

*1502 Cass Ave*

\*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**6/25 1928*

## 20. UNDERTAKER

ADDRESS

*Arthur J. Donnelly 2039 Wash St*

