

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

Do not use this space.

22161

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. **6657**
 St. Ward)

2. FULL NAME

(a) Residence. No. **3925 Parnells St.** **20** Ward.

Length of residence in city or town where death occurred **54** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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) **Nov 23, 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 7 |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **Moore's**
 (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Moore's**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Caroline Curran**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Moore's**
 (STATE OR COUNTRY)

14. INFORMANT **Edna**
 (Address) **City of St. Louis**

15. FILED **Nov 25 1928**
 REGISTRAR **Mark C. Standiff**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 13, 1928** to **June 23, 1928** that I last saw him alive on **June 23, 1928**, and that death occurred, on the date stated above, **June 11 - 28**.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) **31** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Robert H. Simpson** M. D.
 of **23**, 19 **28** (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 **Calvary Cemetery** **6/26 1928**
DATE OF BURIAL

20. UNDERTAKER **Neek and Dickman** **3039 Easton**
 ADDRESS

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

Mohr.