

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

Do not use this space.

22514

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Ev Pouce to City 24ap #1**) St. .... Ward) **6718**

**2. FULL NAME**

(a) Residence. No. **Unknown** St. **23** Ward. ....  
(Usual place of abode) (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) **Unknown**

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 50** ☒ ☒

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Unknown**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Unknown**  
(c) Name of employer **11**

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

PARENTS

10. NAME OF FATHER **Unknown**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Mr Diver**  
(Address) **Cypress Office**

15. FILED **27 1928** **May C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-24-28** 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at .....  
THE CAUSE OF DEATH WAS AS FOLLOWS:

**Chronic Myocarditis**  
**9013** (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **H. M. A.**  
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? **Yes**  
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) **John Diver** M.D.  
**6/27, 1928** (Address) **Dep Curran**  
\*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 **Potters Field** DATE OF BURIAL **6/27 1928**

20. UNDERTAKER **Southern** ADDRESS **7315 S. Bidway**

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.

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