

**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.

Township.....

Primary Registration District No.

City St. Louis

(No. 412)

South

22

St.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. 412 South 22 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

Col

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)

Feb. 15, 1898

7. AGE

YEARS

MONTHS

DAYS

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

50

4

12

8. OCCUPATION OF DECEASED

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

Car. Cleaner.

(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)

Perm.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dr.

12. MAIDEN NAME OF MOTHER

Dr.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dr.

14.

INFORMANT

(Address)

Haroldia Valle
412 S 22 St

15.

FILED

30

1928

Wm C Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/28 1928

17.

I HEREBY CERTIFY That I attended deceased from

6/26, 1928, to 6/28, 1928, that I last saw him alive on 6/26, 1928, and that death occurred, on the date stated above, at 12:52, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

31 (duration) yrs. mos. ds.

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?

(Signed)

E. J. P. [Signature], M. D.
408, 1928 (Address) 3130 Chautau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenwood. Cem

7-1- 1928

20. UNDERTAKER

ADDRESS

E. Scott. 3015. Lawton. av.

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.

