

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

Do not use this space.

22672

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(Name of City Infirmary)

File No.....

Registered No. 7032

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. City Infirmary St. 13 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

?

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

Unknown 1866

7. AGE

YEARS

MONTHS

DAYS

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

62

?

?

8. OCCUPATION OF DECEASED

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

Not known

(b) General nature of industry, business, or establishment in which employed (or employer)

City Infirmary

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

?

14.

INFORMANT

(Address)

H. Menford  
5800 Arsenal St

15.

FILED

1-6-17  
W. C. Starkley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

June 26 1928

17.

I HEREBY CERTIFY That I attended deceased from May 19 1928 to June 26 1928 that I last saw him alive on June 25 1928, and that death occurred, on the date stated above, at 4:30 am

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberculosis, chr. Pulmonary  
Tuberculosis - Intestinal

25A

25

CONTRIBUTORY

(SECONDARY)

Chronic Myocarditis

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) Edward J. Pelting, M.D.

, 19 (Address) 800 Arsenal

\*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

City Cemetery

7-6 1928

20. UNDERTAKER

ADDRESS

John White

5800 Arsenal

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.

