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. 791 ..... File No. 25185

Township ..... Primary Registration District No. 1008 ..... Registered No. 6979

City St Louis Mo. Children's Hospital ..... St. ..... Ward)

2. FULL NAME Oliver Athy

(a) Residence. No. 6015 Harney St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 17-1918

7. AGE: Years 10 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Oliver Athy
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Lena Lakebrink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

14. INFORMANT: M. B. Jacobi
(Address) 5100 S. Kingshighway

15. FILED 11-5 1928 19 [illegible] C. Hawley Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928 to July 3, 1928 that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 2:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis
1213
129
1170
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Acute peritonitis
(Streptococcic) (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? home
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/30 appendectomy
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam Operation
(Signed) Russell Paul, M. D
7/3, 1928 (Address) St. L. Childrens.

*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: Valhalla Cem
DATE OF BURIAL: July 6 1928

20. UNDERTAKER: Duhman-Harrel
ADDRESS: 1905 Union

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD