

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

Do not use this space.

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *791*
 Township.....*St. Louis*..... Primary Registration District No. *1003*
 City.....*St. Louis, Mo.* (No. *1600*) *Arsenal St.* (Ward)

File No. *25507*
 Registered No. *732*
 St. *24th* Ward

2. FULL NAME

(a) Residence No. *4662 Page Ave* St. *12* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *18* 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 *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *6/8/1910*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 1 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Time Keeper*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.* (STATE OR COUNTRY)
 10. NAME OF FATHER *P. J. Havin*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ireland* (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER *Elizabeth Cox*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ireland* (STATE OR COUNTRY)

14. INFORMANT *S. S. Page* (Address) *Wood Arsenal St.*
 15. *JUL 14 1928* FILED *M. C. Stankoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7/13 1928*
 17. I HEREBY CERTIFY That I attended deceased from *7/11* 19*28*, to *7/13* 19*28*, and that I last saw him alive on *7/13* 19*28*, and that death occurred, on the date stated above, at *9:25 H. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
18
Septemic cerebro-spinal Meningitis.
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) *24*
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *4662 Page Ave.*
 19. DID AN OPERATION PRECEDE DEATH? *No.* DATE OF _____
 WAS THERE AN AUTOPSY? *No.*
 WHAT TEST CONFIRMED DIAGNOSIS? *Post mortem laboratory.*
 (Signed) *John H. White* M. D.
 Address *1600 Arsenal St.*

*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 Cem.* DATE OF BURIAL *July 14, 1928*
 20. UNDERTAKER *Jas. W. Clark* ADDRESS *1125 Radiant*

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.

