

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
1003
Primary Registration District No.

File No. 25625
Registered No. 7442
St. Ward)

2. FULL NAME

(a) Residence. No. 4147 Glasgow 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 7 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 2, 1847</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>
	DAY <u>15</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Unknown</u>		
(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) Ohio

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) "
	12. MAIDEN NAME OF MOTHER "
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT Frank C. Starnoff
(Address) 5300 Arsenal

15. FILED 114 18 1928 May 19 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/17/28 19
17. I HEREBY CERTIFY, That I attended deceased from 2/27/28, 19... to 7/17/28, 19... that I last saw him alive on 7/17/28, 19... and that death occurred, on the date stated above, at 2:22 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bericho Pneumonia
107A
1000
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
D DID AN OPERATION PRECEDE DEATH. No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chloral
(Signed) Frank C. Starnoff M. D.
7/17/28, 19 (Address) 5300 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 St. Mary's Mo DATE OF BURIAL July 19 1928
20. UNDERTAKER Kay Seidner U. Co. ADDRESS 711 Market

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.

PERMANENT RECORD

