

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

Do not use this space.

25882

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City Hospital) St. Ward)
Lease Coby

File No.
 Registered No. 7742

2. FULL NAME

(a) Residence. No. 5738 Clemons St. Ward. 5
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 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 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab. 84

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Anna Woodard
 (Address) City Hospital #2

15. FILED 1 27 1928 Max V. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-20-1928

17. I HEREBY CERTIFY, That I attended deceased from 7-3-1928 to 7-20-1928 that I last saw him alive on 7-20-1928 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
121
935

CONTRIBUTORY (SECONDARY) Chronic nephritis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290
 NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? lab
 (Signed) T. Cunningham, M.D.
 (Address) 2845 Jackson

*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 Worthington DATE OF BURIAL 7-26-28

20. UNDERTAKER W. Richter 3500 Rutger ADDRESS

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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

