

**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. **25987**

Township.....

Primary Registration District No. **7852**

Registered No. **7852**

City **St. Louis Mo.** (No. **St. Mary's Infirmary**)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. **217 S. Jefferson** **2nd** 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. 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)**

**single**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **July 15-1865**

**7. AGE**

**63**

**YEARS**

**MONTHS**

**14**

**DAYS**

**IF LESS than 1 day, hrs. or min.**

**8. OCCUPATION OF DECEASED**

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

**Baggage Handler**

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

**Union Station**

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Illinois**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**14.**

**INFORMANT**

(Address)

**Mr. E. Davenport  
28104 St. Vincent Av.**

**15.**

**FILED**

**JUL 31 1928**

**Wm. O. Stankoff**

**REGISTRAR**

**3**

**MEDICAL CERTIFICATE OF DEATH**

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

**July 29 1928**

**17.**

**I HEREBY CERTIFY**, That I attended deceased from **7-17-1928**, to **7-29-1928**, and that I last saw him alive on **7-29-1928**, and that death occurred, on the date stated above, at **5 10** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**100 acute lobes pneumonia**

**100A**

**97 / 10 / 10**

**CONTRIBUTORY (SECONDARY)**

**arteriosclerosis**  
**hypertension** (duration)  **yrs. mos. ds.**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**at patient's home**

**19. DID AN OPERATION PRECEDE DEATH?**

**no**

**20. WAS THERE AN AUTOPSY?**

**no**

**WHAT TEST CONFIRMED DIAGNOSIS?**

**Physical**

(Signed)

**Howard O. Bluckey, M. D.**

, 19

(Address)

**2024 W. Jefferson**

\*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**

**Peoria Ill.**

**Aug 1 1928**

**20. UNDERTAKER**

**ADDRESS**

**E. J. Schmur 3125 Lafayette Av.**

*Dr. Howard O. Bluckey*

**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.**

