

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

Do not use this space.

29302

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis No. City Hospital

File No. ....  
Registered No. 8824  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 721 2 Broadway 25 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) Not known  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. min. abt. 65  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Not known  
(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) Not known

**PARENTS**  
10. NAME OF FATHER Not known  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known  
12. MAIDEN NAME OF MOTHER Not known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Dr. Roman (Address) City Hospital

15. FILED SEP -1 1928 W. C. Starck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1928  
17. I HEREBY CERTIFY That I attended deceased from Aug 1 1928 to Aug 8 1928 that I last saw alive on Aug 8 1928 and that death occurred on the date stated above, at 1935 St.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart - chronic myocarditis  
terminal pneumonia 122A  
pneumonia 73C  
(duration) yrs. mos. ds. 10 1 A  
CONTRIBUTORY (SECONDARY) thrombotic RT. infarction  
lesion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Dr. Roman M. D.  
, 1928 (Address) City Hospital

\*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. Louis DATE OF BURIAL 8/25 1928

20. UNDERTAKER W. Richter ADDRESS 3500 Center

X. R.—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.

Petersen