

**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

Township.....

Primary Registration District No. 3

City St. Louis

(No. City Trappe)

File No. 29339

Registered No. 8892

St. ....

Ward)

**2. FULL NAME**

(a) Residence No. 1414 Moxley St. 25 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male

white

single

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.

abt. 81

8. OCCUPATION OF DECEASED

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

Cook

(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)

St. Louis, Mo.

10. NAME OF FATHER

Unknown

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)

St. Louis, Mo.

14.

INFORMANT

(Address)

St. Louis, Mo.

15.

SEP 3 1928

FILED

St. Louis, Mo.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Aug 31 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug 30, 1928, to Aug 31, 1928 that I last saw him alive on Aug 31, 1928, and that death occurred on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

9/2

12 hr

(duration)

yrs.

mos.

da.

CONTRIBUTORY Diarrhea & Enteritis

(SECONDARY)

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed)

Edward Welburn, M.D.

9/1

, 1928

(Address)

City Trappe

\*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

St. Matthews

Sept 4 1928

20. UNDERTAKER

ADDRESS

M. W. Marshall

Union

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.

Davison.