

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

Do not use this space.

32216

1. PLACE OF DEATH

County..... Registration District No. *172*
 Township..... Primary Registration District No. *1002*
 City *St. Louis* (No. *Barnes Hosp*) St. Ward)

File No.
 Registered No. **9521**

2. FULL NAME *DATZ, EDWIN LOUIS*

(a) Residence. No. *7430 Stratford* St. *12* Ward.
 (Usual place of abode) *Monroe City, Mo.* (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *772* yrs. *12* mos. *0* da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 1 1909*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
19 80 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Student*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Washington University*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *New Orleans*
 (STATE OR COUNTRY) *La*

10. NAME OF FATHER *L. C. Datz*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *New Orleans*
 (STATE OR COUNTRY) *La*

12. MAIDEN NAME OF MOTHER *Mary E. Blum*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *New Orleans*
 (STATE OR COUNTRY) *La*

14. INFORMANT *L. C. Datz*
 (Address) *7430 Stratford*

15. FILED *SP 26 1928* *Mary E. Standiford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 25 1928*

17. I HEREBY CERTIFY, That I attended deceased from *9-23*, 19*28*, to *9-25*, 19*28* that I last saw *h. i. a.* alive on *9-25*, 19*28*, and that death occurred, on the date stated above, at *9:40 A. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningococci meningitis
1928
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) *JK*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, *at home*

DID AN OPERATION PRECEDE DEATH? *no.* DATE OF

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Cultures of spinal fluid*
 (Signed) *Robert M. Evans*, M. D.
 .19 (Address) *Barnes Hosp*

*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 *New Orleans, La* DATE OF BURIAL *Sept 26 1928*

20. UNDERTAKER *Wagoner* ADDRESS *3621 Olive*

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

