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.

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

Do not use this space.

32232

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9541

City St Louis (No. St Mary's Infirmary St. ..... Ward)

2. FULL NAME Michael Aldama (ALDAMA)

(a) Residence. No. 729 S 4th St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): nil

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 27-1927

7. AGE: YEARS | MONTHS: 9 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: nil
(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

PARENTS

10. NAME OF FATHER: John Aldama
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Old Mexico
12. MAIDEN NAME OF MOTHER: Mercedes Rojos
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Old Mexico

14. INFORMANT (Address): John Aldama 729 S 4th St

15. FILED SEP 26 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/25 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/9, 1928, to 9/25, 1928 that I last saw him alive on 9/25, 1928, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis

113 B

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Malnutrition

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Hist. & autopsy
(Signed) Lawrence H. Gutte, M.D.
9/26, 1928 (Address) 1536 Papin

*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: S S Peter Paul
DATE OF BURIAL: Sept 27 1928

20. UNDERTAKER: Wacker Helderle
ADDRESS: 2331 S Bdwy