

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

Do not use this space.

32326

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo (No. Memorial Home)

File No.....  
 Registered No. 9640  
 St..... Ward.....

**2. FULL NAME**

Alvin Van Natta  
 (a) Residence, No. 2609 S Grand Ave St., 17 Ward.  
 (Usual place of abode) Memorial Home (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. mos. 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 (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mary Ann Van Natta  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known  
 AGE 76 YEARS MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work.....  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired Farmer  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Cass Co. Michigan  
 (STATE OR COUNTRY)

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

14. INFORMANT Mrs S Shaw - Supt  
 (Address) 2609 S Grand Ave

15. FILED 30 1923 REGISTRAR Walter Starr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 1927 to Sept 29 1928  
 that I last saw him alive on Sept 28 1928, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris  
 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
 (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Ecroy  
 (Signed) Wm D. Shepherd, M.D.

Sept 29 1928 (Address) 3103 Arsenal St  
 \*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 Forest Hill Cem. DATE OF BURIAL Oct 1 1928  
 ADDRESS 4416 8th St Washington  
 UNDERTAKER Philander Craig

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.

