

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791

File No. 35162
Registered No. 10144
St. Mo Pacific Hospital Ward

2. FULL NAME

(a) Residence. No. 7518 Virginia St., 1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. alt 68

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Crossing Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer Mo Pac R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

10. NAME OF FATHER

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)

14. INFORMANT (Address) Jerome S. Lay
Mo Pac Hosp

15. FILED 15 1928 Maub Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13, 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 8, 1928, to Oct 13, 1928 that I last saw him alive on Oct 13, 1928 and that death occurred, on the date stated above, at 8:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage, right.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ? IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Cliv. op. operation (Signed) Jerome S. Lay, M. D. 10/13/28 (Address) Mo Pac 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 Ev. Luth. St. Trinity Cem DATE OF BURIAL Oct 16 1928

20. UNDERTAKER Fischer and Co ADDRESS 7819 Michigan

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN ENVIRONMENTAL RECORD

20
1
12

19
1
12

1
1
12

1
1
12