

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

Do not use this space.

35015

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. St. Louis Children's Hospital St. Ward)

File No.
 Registered No. 70077

2. FULL NAME

(a) Residence. No. 6523 Bond St., Ward. E. St. Louis coll.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-26-28

7. AGE YEARS 9 MONTHS 5 DAYS 1 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson Co.
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wesley Paul

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Co.
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Alma Mally

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ellis Gro
 (STATE OR COUNTRY) Illinois

14. INFORMANT L. Kaelting
 (Address) 500 S. Kings Highway

15. FILED 7 28 1928 Maub Starbuck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-16, 1928, to 10-26, 1928, and that I last saw him alive on 10-26, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

54D Brain tumor, non-malignant

CONTRIBUTOR (SECONDARY) 84A
 (duration) ___ yrs. ___ mos. ___ da.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/26/28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + operation
 (Signed) A. C. Edwards, M. D.

10-28, 1928 (Address) 500 S. Kings Highway

*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 St Leo Cemetery
Madoc Ill DATE OF BURIAL Dec 29 1928

20. UNDERTAKER Mrs M J Walsh
 ADDRESS 701 State
Est. Louis

ONLY, 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.

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