

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

Do not use this space.

38473

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Provisional Registration District No.....

City..... (No.)

11003

File No.....

Registered No. 11091

St. Ward)

2. FULL NAME

(a) Residence. No. 816 Sugar St., 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 5 | 20

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

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) Ed. Henry City of St. Louis

15. FILED 13 1928 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 6 1928 to Nov 11 1928, that I last saw him alive on Nov 11 1928, and that death occurred, on the date stated above, at 3-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
chronic nephritis
131
03C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12900 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

18. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Edward Welles, M.D.
11/12, 1928 (Address) City of St. Louis

*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 DATE OF BURIAL
No. Crematory Nov 13 1928

20. URBERTAKER ADDRESS
Robert Ford Co. 145 S. Grand

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.

2
Lushington