

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

Do not use this space.

38625

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **94328**)

City **City Hospital**

File No. ....

Registered No. **11251**

St. .... Ward

**2. FULL NAME**

(a) Residence, No. **117 N 9** St., **25** Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred **33** 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 (with the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 24 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **60 5 24**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Printer**  
(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) **Kentucky**

**10. NAME OF FATHER**

**M. Eberly**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Kentucky**

**12. MAIDEN NAME OF MOTHER**

**Mary Smith**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Kentucky**

**14. INFORMANT**

(Address) **City Hospital**

**15. FILED**

**NOV 19 1928** **Max E. Stakelm** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 18 1928**

17. I HEREBY CERTIFY That I attended deceased from **Oct 18 1928** to **Nov 18 1928** that I last saw him alive on **Nov 18 1928**, at **9:30 a.m.** and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Myocarditis**  
**Chronic Nephritis**  
**131**  
**93C**

**CONTRIBUTORY (SECONDARY)**

**129 a** (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? **?**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) **Edward Melberg, M.D.**  
**11/19 1928** (Address) **City Hospital**

\*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**

**Louisville Kentucky** **11/19 1928**

**20. UNDERTAKER**

**ADDRESS**

**Southern No. 16** **7315 S. Broadway**

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.

Elherdige.