

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

Do not use this space.

38716

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **320**) **Victor** Ward

File No.....
Registered No. **11555**
St. Ward)

2. FULL NAME

(a) Residence. No. **320 Victor** St., **231** Ward.

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. (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 **Elizabeth Imhof**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **5-29-1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	5	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labourer**
(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) **Austria**

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Austria**

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Austria**

14.

INFORMANT **Elizabeth Imhof**
(Address) **320 Victor St**

15.

FILED **11 22 1928** **W. C. Stanley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 21 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 1** 1928, to **11 20** 1928, that I last saw him alive on **11 20** 1928, and that death occurred, on the date stated above, at **3 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
117 Congenital Pulmonary Emphysema
Booucho
(duration) yrs. mos. da. **2** da.

CONTRIBUTORY (SECONDARY) **fractured neck**
non Tubercular
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS? **10-2-28**
(Signed) **10-15-28** M. D.
11/20, 1928 (Address) **1807 518**

*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 Peter Paul** DATE OF BURIAL **Nov 21 1928**

20. UNDERTAKER **Wacker-Belderle** ADDRESS **2331 S Blaney**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

