

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

Do not use this space.

38759

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St Louis (No. 2210 Adams) St. Ward)

File No.
 Registered No. 11409
 St. Ward)

2. FULL NAME

(a) Residence. No. 2210 Adams St., 2210 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leah Biddle</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE <u>abt 156</u>	YEARS MONTHS DAYS	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Tramster</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN)..... <u>Marshall</u> (STATE OR COUNTRY)..... <u>Texas</u>		
10. NAME OF FATHER..... <u>William Biddle</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Marshall</u> (STATE OR COUNTRY)..... <u>Texas</u>		
12. MAIDEN NAME OF MOTHER..... <u>unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>unknown</u> (STATE OR COUNTRY).....		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/28/28 19 28

17. I HEREBY CERTIFY, That I attended deceased from 9/28/28 1928 to 11/28/28 1928
 that I last saw him/her alive on 11/28/28 1928, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Impairment of respiration
with decompensation
at least 1 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) arteriosclerosis
with high blood pressure (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....1290
 DID AN OPERATION PRECEDE DEATH.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....Physical findings
 (Signed) J. B. DeLoach M.D.
 (Address) 2039 Mumler

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 <u>Farmwood</u>	DATE OF BURIAL <u>11/24/28</u>
20. UNDERTAKER <u>Manuel Indk. Co</u>	ADDRESS <u>1057</u>

14. INFORMANT Leah Biddle (wife)
 (Address) 2210 Adams

15. FILED 23 1928 BY W. E. Stankley REGISTRAR

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.

