

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

Do not use this space.

38999

1. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **1003**

City **St. Louis** (No. **City 1003**)

2. FULL NAME

(a) Residence. No. **14517** Sec. **18** Ward. **18**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
Registered No. **11669**
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 27 - 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 9 2

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) **St. Louis**
(STATE OR COUNTRY)

10. NAME OF FATHER **James Halmead**

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

12. MAIDEN NAME OF MOTHER **Mary Kattel**

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

14. INFORMANT (Address) **City 1003**

15. FILED **30 1928** **Mar 6 Stark** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 29 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Mar 27** 1928, to **Mar 29** 1928 that I last saw him **live on** **Mar 29** 1928, and that death occurred, on the date stated above, at **10:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro-Enteritis
13 B (due to Dysentery)
17.0 B3 (duration) yrs. mos. **10** ds.

CONTRIBUTORY (SECONDARY) **16 B** (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF.....

20. WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **R. Berg** M. D.
1/28 28 (Address) **City 1003**

*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 **Calvary Cemetery** DATE OF BURIAL **12/1 1928**

20. UNDERTAKER **Fregehauser Ind. Co** ADDRESS **4238 South Kingshighway**

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

Halmes..