

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

Do not use this space.

41073

1. PLACE OF DEATH

County Jackson
Township New
City St. Louis

Registration District No. 399
Primary Registration District No. 1002

File No. 6402
Registered No. 5454
St. 2454 Ward

2. FULL NAME

(a) Residence. No. 2122 Penn St. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 2 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 6 | 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Ill

10. NAME OF FATHER John Marmor

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

12. MAIDEN NAME OF MOTHER No P

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Clarence Evans
(Address) 5624 Park

15. FILED 12/27 28 M. M. Craune REGISTRAR
asch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 26, 1928 that I last saw him alive on Dec 12 1928 and that death occurred, on the date stated above, at 9:25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Myocarditis (chronic) (duration) ? yrs. mos. ds.

CONTRIBUTORY Ch. essential Nephritis (SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1270
IF NOT AT PLACE OF BIRTH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) John G. Lewis, M. D.
Dec. 27, 1928 (Address) 3076 Indiana

*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 Forest Hill DATE OF BURIAL Dec 28, 1928

20. UNDERTAKER Mrs. G. L. Parster ADDRESS 3076 Indiana

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

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.

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Dr. W. Demonds

Lewis 36th Ind.

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