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

Do not use this space.

File No. 42352
Registered No. 126

1. PLACE OF DEATH
County: St Louis
Registration District No.: 788
Primary Registration District No.: 1 H471
Township: ( )
City: Webster Groves (No. 78 No Gore St. Ward)

2. FULL NAME: James French
(a) Residence. No. 78 No Gore St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: About 70 | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Furniture
(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): Pennsylvania

PARENTS
10. NAME OF FATHER: Patrick French
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Barrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs H. A. Ward
(Address) 2.26 E. Lockwood

15. FILED 12-28 1928 Arthur H. Peterson Registrar
per Elsie Nelson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-27 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928, to at my office 19..., that I last saw h.i.m. alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 1.1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
[He saw me for a cold]
Arterio-sclerosis
Angina Pectoris
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) yrs. mos. ds. Several days.

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? none - heart thing
(Signed) Franz P. Zamit, M. D
12-28 1928 (Address) Webster Groves Mo

*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: 12-31 1928
20. UNDERTAKER: Weick Bros | ADDRESS: 2201 So Grand

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.