

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

Do not use this space.

42807

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis No. City Hospital

File No.

Registered No. 120070

St. Ward)

2. FULL NAME

(a) Residence. No. City Hotel St. 25 Ward.

(Usual place of abode) City Hotel (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt 53</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 92A 107A
(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) Indiana

10. NAME OF FATHER No Name

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

14. INFORMANT (Address) Cherry City Hospital

15. FILED DEC 12 1928 W. C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, to Dec 10, 1928, that I last saw him alive on Dec 10, 1928, and that death occurred, on the date stated above, at City Hospital.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cardiac Valvular Disease
Mitral Regurgitation
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edward Anthony, D.
12-10-28 (Address) City Hospital

*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 Edinburg Ind DATE OF BURIAL 12/14 1928

20. UNDERTAKER Southern N. L. Co. ADDRESS 7358 B'way

WRITE MAINLY, 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.

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