

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

Do not use this space.

42863

1. PLACE OF DEATH

County.....
Township *St. Louis*
City *St. Louis* (No.....)

Registration District No. *701*
Primary Registration District No. *1013*

File No.....
Registered No. *12131*
St..... Ward

2. FULL NAME

(a) Residence. No. *1537 E. 13th St.* St. *13* Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred *12* 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 *col* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Elizabeth Stepter*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *9-15-1877*

7. AGE YEARS *51* MONTHS *2* DAYS *25* If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Labor*
(b) General nature of industry, business, or establishment in which employed (or employer) *American Laundry*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Discaluca* (STATE OR COUNTRY) *ala*

10. NAME OF FATHER *Prince Stepter*

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

12. MAIDEN NAME OF MOTHER *Licie unknown*

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

14. INFORMANT *Elizabeth Stepter* (Address) *1537 E. 13th St.*

15. FILED *1928* REGISTRAR *Max C. Starling*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-10* 19*28*

17. I HEREBY CERTIFY, That I attended deceased from *11-20* 19*28*, to *12-10* 19*28*, (that I last saw him alive on *Dec. 8*, 19*28*, and that death occurred, on the date stated above, at *12-40* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocardite

(duration) ____ yrs. ____ mos. *10* da.

CONTRIBUTORY (SECONDARY) *Jaundice* (duration) ____ yrs. ____ mos. *14* da.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *W. A. Alumba*, M. D. *1710*, 19*28* (Address) *1321 Broadway*

*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 *Father Dickson* DATE OF BURIAL *12-13* 19*28*

20. UNDERTAKER *B. Leonard* ADDRESS *2702 Locust*

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.

