

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Defunct Registration District No.....

1003

City St. Louis (No. City 1003)

File No. 42897

Registered No. 12166

2. FULL NAME

(a) Residence. No. 3144 Clefton St. 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Married

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. abt 60

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer 34 930 (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) Missouri

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) John O. Starker

15. FILED (Address) John O. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Dec 12, 1928, that I last saw him alive on Dec 12, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Syphilis of Brain and spinal cord chronic myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 38 (duration) yrs. mos. ds.

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 Clinical Laboratory

(Signed) Edward Melting M. D. 12/13, 1928 (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 DATE OF BURIAL Dec. 15 1928

20. UNDERTAKER J. H. Harrison ADDRESS 2906 Tawton

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.

Louhler