

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

Do not use this space.

42954

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 11003

City St. Louis (No. City Hospital)

File No.

Registered No. 12227

St. Ward)

2. FULL NAME

(a) Residence No. 1142 N Broadway 15 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 1 | 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 13
(b) General nature of industry, business, or establishment in which employed (or employer) 930
(c) Name of employer 1070

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14.

INFORMANT E. Rowley
(Address) City Hospital

15.

FILED DEC 15 1928 W. E. Howard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928, to Dec 14 1928 that I last saw him alive on Dec 14 1928, and that death occurred, on the date stated above, at 5:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
General Atherosclerosis
chronic nephritis

(duration) yrs. mos. ds.
CONTRIBUTORY Broncho-pneumonia (SECONDARY)

(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? Refused

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Edward Helping, M. D.
12/15/28 (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 Missouri Crematory DATE OF BURIAL Dec 15 1928

20. UNDERTAKER E. J. Schum ADDRESS 3125 Lafayette

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.

Robinson