

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

Do not use this space.

43282

1. PLACE OF DEATH

County St. Louis Registration District No. 791

Township St. Louis Primary Registration District No. 1003

City St. Louis (No. 3204 Partis Ave)

File No. 12389
Registered No. 12389
St. 16 Ward

2. FULL NAME

(a) Residence No. 3204 Partis Ave St. 16 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary E. Lavery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer (retired)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hickman
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Lavery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Martha Berger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Lida Robinson
(Address) 3204 Partis Ave

15. FILED DEC 21 1928 Mary C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 19 1928 to Dec 21 1928 that I last saw him alive on Dec 20 1928, and that death occurred, on the date stated above, at 15th St

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10X
Lobar Pneumonia
CONTRIBUTORY (SECONDARY) 10/10

18. WHERE WAS DISEASE CONTRACTED

* IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF NO
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. S. Sheets M.D.
1713, 1928 (Address) 4300 Monro

*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 Free Free Cem DATE OF BURIAL 12-24 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 G. ston

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

4/20/1917

9.1.10

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