

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

Do not use this space.

43370

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City of St. Louis**)

File No.

Registered No. **12680**

St. Ward)

2. FULL NAME

(a) Residence. No. **5701 1/2 main St.** 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 (write the word)

Single

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

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

June 10 - 1863

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Lawyer

(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)

France

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Missouri

14.

INFORMANT

(Address)

Edward J. Richter
City of St. Louis

15.

FILED

26 1928

19

Max C. Stanley
REGISTRAR

2 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 4 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 **3:15 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Carcinoma of the Esophagus
Chronic Myocarditis**

935 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **4-4-28** (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 X-ray**

(Signed) **Edward J. Richter**, M. D.

12/14/28 (Address) **City of St. Louis**

*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

DATE OF BURIAL

Washington St

12-24 1928

20. UNDERTAKER

ADDRESS

Walter Richter

3500 Rutger

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.

de Bois .