

**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.....

Primary Registration District No. **1003**

City St. Louis (No. 613)

Walnut

File No. **43545**

Registered No. **12866**

St. Ward

2. FULL NAME

Thomas Doe

(a) Residence. No. 613 Walnut St., 25 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

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

May 5-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

7

23

8. OCCUPATION OF DECEASED

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

blind

(b) General nature of industry, business, or establishment in which employed (or employer)

Green Rule Hotel

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Michael Doe

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Coburn

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

MINTON

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Mary Doe
2327 University St.

15. FILED

NO. 24 1928

DATE

BY W. J. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 28th 1928

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., that I last saw him alive on, 19....., and that death occurred, on the date stated above, at 5:15 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Werner, M.D.

(Address) 2327 University St.

*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 31, 1928

20. UNDERTAKER

J. P. Collins

ADDRESS

928 Grand

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

