

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

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**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Infirmary**)

File No. ....  
Registered No. **88**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1935 N Broadway**, St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred **36** 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) **Sept. 19 1858**  
7. AGE YEARS MONTHS DAYS | If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
**70 | 3 | 9**  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Laborer**  
(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) **Indiana**

**10. NAME OF FATHER**

**Don't know**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Don't know**

**12. MAIDEN NAME OF MOTHER**

**Don't know**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Don't know**

**14.**

INFORMANT **City Infirmary Records**  
(Address) **St. Louis, Mo.**

**15.**

FILED **-3 1928**  
**Walter C. Standen**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 28 1928**

17. I HEREBY CERTIFY That I attended deceased from **Nov 17**, 19**28** to **Dec 28**, 19**28** that I last saw him alive on **Dec 28**, 19**28** and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Lobar Pneumonia**  
**Chronic Myocarditis**  
**Senile Dementia**  
(duration) \_\_\_\_\_ yrs. mos. ds.  
(SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ DATE OF \_\_\_\_\_

Was there an autopsy? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Chemical & physical findings**

(Signed) **Herbert Phillips**, M. D.

**1/29**, 19**28** (Address) **City Infirmary**

\*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**

**Calvary Cemetery Jan 3 1928**

**20. UNDERTAKER**

**ADDRESS**

**J. W. Gebken & Co 2842 Meramec**

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.

