

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

Do not use this space

43654 ⁹⁵ ~~2649~~

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis Mo. (No.), Sanitarium St. Ward)

File No.
 Registered No. 1155

2. FULL NAME

(a) Residence. No. 1319 St. 2nd St., 13 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 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) Jan. 10, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 21

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) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT William T. Gaitler, M.D.
 (Address) 5400 Arsenal St.

15. FILED 23 1928
Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/31 1928

17. HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Dec 31, 1928, that I last saw him alive on Dec 31, 1928, and that death occurred, on the date stated above, at 1:15 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchopneumonia

95c (duration) - yrs. - mos. 5 da. -

CONTRIBUTORY (SECONDARY) Chronic myocarditis
 (duration) - yrs. 4 mos. 19 da. +

18. WHERE WAS DISEASE CONTRACTED? (IF NOT IN PLACE OF BIRTH)

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William T. Gaitler, M.D.
12/31, 1928 (Address) 5400 Arsenal 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 Washington DATE OF BURIAL 1-7-29

20. UNDERTAKER W. Gaitler - 300 Ridge ADDRESS

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.

