

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

Do not use this space.

1609

**1. PLACE OF DEATH**

County St. Louis  
Township 11  
City St. Louis

Registration District No. 399

Primary Registration District No. 1002

File No. 200

Registered No. 200

**2. FULL NAME**

(a) Residence. No. 1106 Newton St., 12 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**

Female

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (or) WIFE OF

John Chenoweth

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

Dec 25 - 1872

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>48</u>	<u>0</u>	<u>28</u>	<u>—</u>

**8. OCCUPATION OF DECEASED**

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

Housewife

(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)

Mo.

**10. NAME OF FATHER**

Mr. Baggett

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

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

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

(STATE OR COUNTRY)

Unknown

**14.**

Informant

(Address)

Mr. James R. R. R.  
1106 Newton

**15.**

Filed

1-15-29

M. M. C. C.  
assl.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Jan 14 1929

**17.**

I HEREBY CERTIFY That I attended deceased from Jan 14, 1929 to Jan 14, 1929 that I last saw him alive on Jan 23, 1929 and that death occurred, on the date stated above, at 4...m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Infarction

90A (duration) 7 yrs. mos. ds.

**CONTRIBUTORY**

(SECONDARY)

arterio Sclerosis

(duration) 7 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? Observation

(Signed) R. R. R. M. D.

Jan 14, 1929 (Address) 6900 Washington Park Blvd

\*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**

W. Washington Jan 16 1929

**20. UNDERTAKER**

**ADDRESS**

Forest Henderson St. Louis, Mo.

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.

THIS IS A PERMANENT RECORD

235  
2  
31  
31

