

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

Do not use this space.

1838

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township St. Lawrence

Primary Registration District No. 1002

City St. Louis (No. 1618 Virginia)

File No. 431
Registered No. 431
St. 2 Ward

2. FULL NAME

(a) Residence. No. 1618 Virginia St. 2 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 M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Mr. Irving

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

12. MAIDEN NAME OF MOTHER Martha Smith

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

14. INFORMANT Ada Irving
(Address) 1618 Virginia

15. FILED 1-28-29 Dr. M. Brown REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 24 to Jan 25, 1929
(that I last saw him alive on Jan 24, and that death occurred, on the date stated above, at 5:30 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurysm Ruptured (Aortic)

CONTRIBUTORY (SECONDARY) Acute Rheumatism

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 20

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Dr. M. Brown

(Signed) Dr. M. Brown, M.D.
Jan 26, 1929 (Address) 1705 E 12

*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 Restlawn Cem. DATE OF BURIAL 1/29 1929

20. UNDERTAKER Hathkins Bros ADDRESS 1729 Lyda

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.

G. H. Brown.