

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

Do not use this space.

3320

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 785
Primary Registration District No. 6248
(No. Ollivorth Hospital)

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence No. John Storie
(Usual place of abode) Queen + Berlin Ave Webster Groves Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gloude Storie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 1 | 12

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Smith Storie

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Eddeth Storie
(Address) Queen + Berlin Ave Webster Groves

15. FILED 2/10/29 C. E. Bassano REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to 1-28, 1929, that I last saw him alive on 1-28, 1929, and that death occurred, on the date stated above, at 2 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia - 3 days
Chronic Myocarditis

(duration) yrs. 8 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Infectious Cholecystitis

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Webster Groves, Mo.
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) R. E. Baker, M. D.

1-29, 1929 (Address) Webster Groves, Mo.

*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

Waysville, Missouri Jan 30 19 29

20. UNDERTAKER Louis A. Popp ADDRESS Kirkwood

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.

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