

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

Do not use this space.

3367

1. PLACE OF DEATH -

County St. Louis
Township Central
City Overland

Registration District No. 789
Primary Registration District No. 60.33 B

File No. _____
Registered No. 25

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) St. Louis, Mo.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Phelps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 | 6 | 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Unkown

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

12. MAIDEN NAME OF MOTHER Unkown

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

14. INFORMANT Wm. W. Herring
(Address) Brunswick, Mo.

15. FILED 1/19 1929 Goela Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 18 1929 to Jan 28 1929
that I last saw him alive on Jan 18 1929, and that death occurred, on the date stated above, of 3:40 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Homicide by firearm

CONTRIBUTORY Pulmonary Hemorrhage
(SECONDARY)

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH... 255 W. Woodway av. Overland, Mo.

19. WAS THERE AN OPERATION PRECISE DEATH... no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS...
(Signed) John Howell M. D.
1/19 1929 (Address) Coroner of St. Louis County

*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 Salisbury, Mo. DATE OF BURIAL 1-21 1929

20. UNDERTAKER Brunswick, Mo. ADDRESS Overland, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied.

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