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

Do not use this space.

4075

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 2244 Missouri Avenue. St. ..... Ward)

File No. .....

Registered No. 692

2. FULL NAME Louis J. French.

(a) Residence. No. 2244 Missouri Avenue St., 73 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary French.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25.1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car-Builder.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer American Refrigerator Car Co.

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

PARENTS

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT August Bolfer.
(Address) 2244 Missouri Avenue.

15. FILED 1-1 1929 Max C. Stamm REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 1/13

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 13, 1929, that I last saw him alive on 1-13, 1929, and that death occurred, on the date stated above, at 11.59 P m. 11.59 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
952
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Acute delation Right Heart
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101 A

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo W Becker, M.D

1/14, 1929 (Address) 3155 So Grand 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 SS. Peter & Paul Cemetery

DATE OF BURIAL Jan. 17, 1929.

20. UNDERTAKER J. H. Gebken L & U Co

ADDRESS 2842 Meramec

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.

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