

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

Do not use this space.

4271*

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. St. Marys Sanitarium)

File No.
Registered No. 897
St. Ward

2. FULL NAME

(a) Residence, No. Webster Groves St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Divorced

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1868

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
60	4	13	

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT John P. Kash
(Address) 1737 Marquis Cor

15.

FILED JAN 29 1929
REGISTRAR W. C. Starley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18-1929

17. I HEREBY CERTIFY, That I attended deceased from 9-15, 1928, to 1-18, 1929.
that I last saw him alive on 1-18, 1929, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
myocarditis
93 E
110A (duration) yrs. mos. ds. 5
107A CONTRIBUTORY myocarditis chronic
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

2 100 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-11-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Guy G French, M. D.

. 19 (Address) 1536 Poplar St

*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

Friedens 1/19 1929

20. UNDERTAKER

ADDRESS

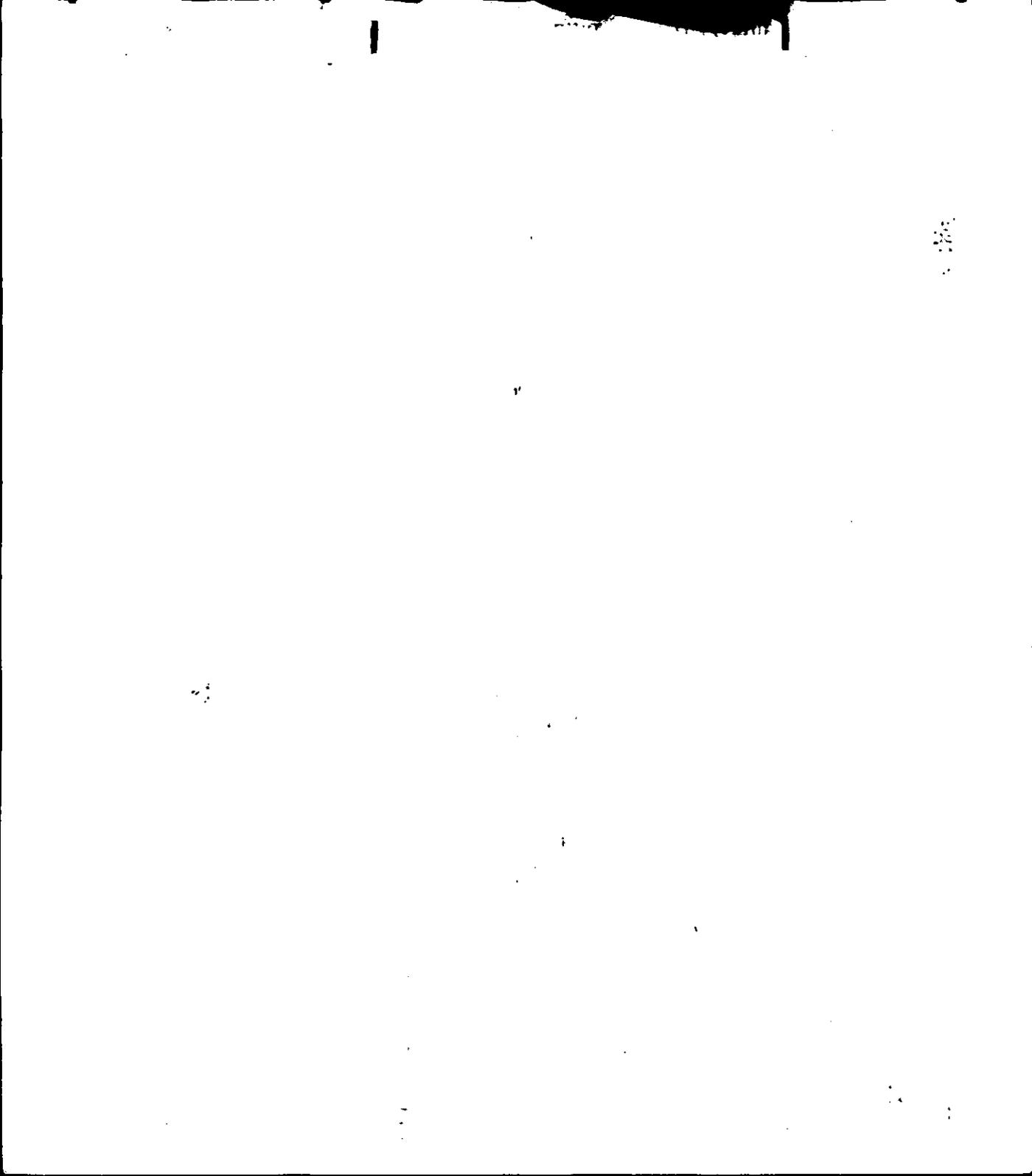
Math. Hermann 45 So
466 E. Fair Cor.

WRITE PLAINLY IN INK--THIS IS A PERMANENT RECORD

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.

RECEIVED FOR BINDING

V. S. No. 2.



cated by check marks, lacking from the death certificate:

Name: Wm & Nash

Who died at: St. Louis, Mo. on Jan. 18, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Bronchial Pneumonia

Contributory: Chronic Myocarditis

~~Operation for Empyema chronic due to injury received years ago nature~~

Where was disease contracted? of injury unknown. Information received over

Did operation precede death? Yes Phone from Dr. G. L. French
Date of rec. of U.S. 10-30-29

Was there an autopsy? _____ What test confirmed diagnosis? _____

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