

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

Do not use this space.

4342

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1000**

Registered No. **971**

City **St. Louis**

(No. **St. Louis Children's Hospital** St. Ward)

2. FULL NAME

(a) Residence. No. **6948 Plymouth** St.
(Usual place of abode)

17 Ward. **St. Louis Co. Mo.**

(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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>(write the word)</i> <i>L</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *12-3-28*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>1</i>		

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Co. Missouri*
(STATE OR COUNTRY)

10. NAME OF FATHER *John Perry*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis Co. Mo.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Pearl Ruby*

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

14. INFORMANT *L. Kaelling*
(Address) *5001 Kings Highway*

15. FILED *21 1929*
19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** *1-3-1929*

17.

I HEREBY CERTIFY, That I attended deceased from
12-5-1928, to *1-3-1929*
that I last saw him alive on *1-3-1929*, and that death occurred, on the date stated above, at *11:50 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
159
6.9B (duration) *2 yrs. 1 mos. 0 ds.*

CONTRIBUTORY (SECONDARY) *Atherosclerosis - non diabetic*
(duration) *2 yrs. 0 mos. 1 ds.*

18. WHERE WAS DISEASE CONTRACTED
0/610 *Home*
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS *Examination & autopsy*
(Signed) *A. C. Edwards* M. D.
, 19 (Address) *5001 Kings Highway*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Body released to Dept of Pathology Washington University*
DATE OF BURIAL *for 19*

20. UNDERTAKER *Anatomical Purpose*
ADDRESS

WRITE PLAINLY, WITH UNFADING 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.

