

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

Do not use this space.

4500

1. PLACE OF DEATH

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

File No.....
Registered No. **1170**
St. Ward)

2. FULL NAME

(a) Residence No. *817 2nd* St. *22* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. *1* 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 20 - 1928*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 15

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

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

10. NAME OF FATHER *Luc Gilbert*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Missouri*
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER *Leona Curtis*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*
(STATE OR COUNTRY)

14. INFORMANT *Edmond*
(Address) *City of St. Louis*

15. FILED *21 1929*
May C. Starnes REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 4 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 23*, 1928, to *Jan 4*, 1929, that I last saw him alive on *Jan 4*, 1929, and that death occurred, on the date stated above, at *10 10* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis (congenital)
3d
107A

(duration) yrs. mos. ds.
CONTRIBUTORY *Broncho-pneumonia*
(SECONDARY) *Primary* (duration) yrs. mos. ds.

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

? DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Edmond R. Sherman, M. D.*
1/5, 1929 (Address) *City of St. Louis*

*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 *BUTTERFIELD* DATE OF BURIAL *1-25-1929*

20. UNDERTAKER *Shannon 1426* ADDRESS *Local*

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.

