

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

Do not use this space.

4843

1. PLACE OF DEATH

County _____ Registration District No. 702
 Township St. Louis Mo. Primary Registration District No. 1002 File No. _____
 City St. Louis Mo. (No. Christian Hospital) Registered No. 1537
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Herrin Hill St. 9 Ward. Herrin Hill
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 20 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>20</u>		

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

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

10. NAME OF FATHER Noah Stonum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vergennes, Vt.
 (STATE OR COUNTRY) Jackson - Co.

12. MAIDEN NAME OF MOTHER Emma Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Streator, Ill.
 (STATE OR COUNTRY) La Salle - Co.

14. INFORMANT Noah Stonum

(Address) Herrin Hill

15. FILED 1929 May 2 Starkoff
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30th 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-29, 1929, to 1-30, 1929
 that I last saw him alive on 1-29, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia (terminal)
Atrepsin Secondary
1072
158
 (duration) _____ yrs. _____ mos. 21 ds.
 CONTRIBUTORY (SECONDARY) Pertussis ???
 (duration) _____ yrs. _____ mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Dr. Robertson
 (Signed) _____
 . 19 _____ (Address) 718 Beaumont Med Bldg

*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 Herrin Hill

DATE OF BURIAL 2-2 1929

20. UNDERTAKER Storn Und.

ADDRESS Herrin Hill

WRITE FAIRLY, 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.

