

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

Do not use this space.

8382

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. Bethesda Hospital.)
 File No. Registered No. 2038
 St. Ward)

2. FULL NAME Roland Dras

(a) Residence. No. Linsburg All St. 18 Ward. Linsburg All
 (Usual place of abode) (If co-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. II 1929

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

17. I HEREBY CERTIFY That I attended deceased from Feb. 8, 1929, to Feb. 11, 1929, that I last saw him alive on Feb. 11, 1929, and that death occurred, on the date stated above, at 1:30 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15-1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 9 26

Pneumococcus meningitidis
1929

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

1929/01/W
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Linsburg All (STATE OR COUNTRY)

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

10. NAME OF FATHER Roland Dras

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bellville All (STATE OR COUNTRY)

20. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Margaret Riecht

WHAT TEST CONFIRMED DIAGNOSIS? Lumbar Puncture
(Signed) J. Wistar White M. D.
Feb. 11, 1929 (Address) 4600 Olive St. St. Louis.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linsburg All (STATE OR COUNTRY)

*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.

14. INFORMANT Roland Dras (Address) Linsburg All

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Linsburg All DATE OF BURIAL 2-13 1929

15. FILED 13 W. C. Parker REGISTRAR

20. UNDERTAKER Harry Hull and Co ADDRESS New Athens All

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. No necessary signature.

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