

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

Do not use this space.

8724

1. PLACE OF DEATH

County..... Registration District No. **791** File No.
 Township..... Primary Registration District No. **1003** Registered No. **2397**
 City St. Louis (No. Alexian Bros Hospital St. 23 Ward)

2. FULL NAME

(a) Residence. No. 2126 20th St. St. 23 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1929 to Feb 20 1929
 that I last saw h. alive on Feb 19 1929, and that death occurred, on the date stated above, at 3¹⁰ P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1883

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 3

Acute dilatation of cardiac

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

930
180
90B
 CONTRIBUTORY (SECONDARY) Ch. Myocarditis, Ch. Gastritis
Katan hall (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U. S.

WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS Histology, Clinical

(Signed) Walter Werd, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U. S.

2/21 1929 (Address) 2708 Lynch Wm Kib

*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 Kate Hynes
 (Address) 2126 20th St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Matthews Feb 22 1929

15. FILED 22 19 1929 Max C Stankeff REGISTRAR

20. UNDERTAKER Wacker-Helderle ADDRESS 2331 St. Louis

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.

69
1
2
29

3

