

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

Do not use this space.

8804

File No. _____
Registered No. 2479
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. St. John Hospital)

2. FULL NAME

(a) Residence. No. 2627 Howard St. 20 Ward.
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1926
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 7 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Little Rock Ark.

10. NAME OF FATHER Richard Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Blanche Hancock

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

14. INFORMANT Richard Lee
(Address) 2627 Howard St.

15. FILED 25 1929 May C Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-7-29 to Feb 23 1929 that I last saw him alive on Feb 23 1929 and that death occurred, on the date stated above, at 6-5-6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

asthma
154
31550
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Septicemia (duration) yrs. mos. ds. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-8-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab + physical

(Signed) Geo. J. Gower, M. D.

724, 1929 (Address) 1503 W. Jefferson St. 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 DATE OF BURIAL

St. Peter 2/25 1929

20. UNDERTAKER ADDRESS 1936
Theo. H. Reiderwider St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EARLY CAUSE OF DEATH if known. AGES 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.

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