

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

Do not use this space.

12703

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1008

City St. Louis (No. 18693)

City St. Louis

File No. ....

Registered No. 3238

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 9784 Lee St., 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 | 7 | 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(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) Illinois

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Dusman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT (Address) Edmund R. Sheridan  
City of St. Louis

15. REGISTRAR (Address) Wm. C. Farley  
FILED..... 19..

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

I, Edmund R. Sheridan, HEREBY CERTIFY That I attended deceased from March 12 1929 to March 14 1929 that I last saw h. alive on March 14 1929 and that death occurred, on the date stated above, at 2 - a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
Chronic hyperostical nephritis  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Senility  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH 1290

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edmund R. Sheridan M. D.  
3/14/29 (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 Friedens DATE OF BURIAL March 15 1929

20. UNDERTAKER Chudmeyer ADDRESS 3934 N. 20

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235  
2  
31  
31

Stevens