

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

Do not use this space.

13088

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 100:
 City St. Louis (No. City of St. Louis) St. Ward)

File No.
 Registered No. 3645

2. FULL NAME

(a) Residence No. 1922012 St. 23 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write full word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Howe
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 7 14
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work May Bell Clerk (b) General nature of industry, business, or establishment in which employed (or employer) 107 34 (c) Name of employer

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

10. NAME OF FATHER Charles Howe
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jerseyland
 12. MAIDEN NAME OF MOTHER Anna Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

14. INFORMANT (Address) E. R. ...

15. FILED 27 1929 Max C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1929
 17. I HEREBY CERTIFY That I attended deceased from Jan 23, 19... to March 13, 19... that I last saw him alive on March 23, 19... and that death occurred, on the date stated above, at 4:50 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Septicemia (Streptococcus & Staphylococcus)
Infection of Rt. leg (Strep. & Staph)
from Septicemia (duration) yrs. mos. ds.

CONTRIBUTORY following chronic Pharyngitis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 100 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF ...
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John ... M. D.
St. Louis (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 St. Peter & Paul DATE OF BURIAL Mar 26 1929

20. UNDERTAKER W. B. Moydell ADDRESS 1936 Allen

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.

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State,