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

Do not use this space.

13377

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. St. Lukes Hospital St. Ward)

File No. 3957

Registered No. 3957

2. FULL NAME Robert Henry Douglas

(a) Residence. No. 5039a Wells St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanette Douglas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March II/1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59		20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinich

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General Motor Co.

9. BIRTHPLACE (CITY OR TOWN) Shephards Town.
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER John Douglas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hagerstown
(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Amalia Meyers

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

14. INFORMANT Jeanette Douglas
(Address) 5039a Wells Ave.

15. FILED ..., 19 29 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 31 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar - 30, 1929, to Mar 31 1929, that I last saw h... alive on Mar 31 1929, and that death occurred, on the date stated above, at 7:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: L. P. Fr

auto pneumonia

10½

3½

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicaemia Streptococcus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) L. P. Fry, M. D.

, 19 (Address) 908 Beaumont Bldg.

*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. Francis Cem. Jerseyville Ill	4/3 1929

20. UNDERTAKER	ADDRESS
Jennings Und. Co.	Jerseyville Ill.

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.

THIS IS A PERMANENT RECORD

60 2 2 31

Jennings Bros.