

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

Do not use this space.

1. PLACE OF DEATH
 County St Louis mo Registration District No. 701 File No. 16389
 Township Primary Registration District No. 1092 Registered No. 4459
 City St Louis (Name of City or Town) St. 4459 Ward
 2. FULL NAME Angela Alex
 (a) Residence. No. 212 5th St. 25 Word.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-25-1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 | | | 13 | | |

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Thomas Alex
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greece
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Kena
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greece
 (STATE OR COUNTRY)

14. INFORMANT Angelo Alex
 (Address) St Louis

15. FILED APR 16 1929 Max C. Parker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 - 1929
 17. I HEREBY CERTIFY, That I attended deceased from 4-4-29 to 4-6-29, 1929, and that I last saw him alive on 4-6-29, 1929, and that death occurred, on the date stated above, at 11:30 P.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

151 Carcinoma left lower jaw and left cheek
 (duration) 6-7 yrs. mos. da.
 CONTRIBUTORY Post operative shock
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH: 45
 1. DID AN OPERATION PRECEDE DEATH? Ys DATE OF 4-6-29
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? chirical
 (Signed) C. A. Rosenbaum, M. D.
 , 19 (Address) 3427 Washington

*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 POTTERS FIELD DATE OF BURIAL APR 18 1929
 20. UNDERTAKER Shannon ADDRESS 14th Cloud

N. R.—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.

