

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

Do not use this space.

16523

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2900** Lucas Ave.)

File No. ....  
Registered No. **4622** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2900 Lucas Ave. 21**  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **18** 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 **col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE **Jennie Thomas**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **APR. 6, 1876**

7. AGE YEARS MONTHS DAYS **03** **12** **12** **11** LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **American Bar**  
(c) Name of employer **Wheel Foundry**

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Tenn.**

10. NAME OF FATHER **Don't Know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

12. MAIDEN NAME OF MOTHER **Don't Know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

14. INFORMANT **Jennie Thomas** (Address) **12900 Lucas Ave.**

15. FILED **APR 22 1929** **W. O. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18 1929**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... **8:50 P.M.** and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**93C** (duration)..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **900** (duration)..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED **900**

IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) **J. W. Keener, M.D.** **420 1929** (Address) **Dep. Coroner**

\*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 **Wash. Dr. Park B. 4th** DATE OF BURIAL **23** 19 **29**

20. UNDERTAKER **Emer & Telles** ADDRESS **3030 Bell**

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

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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