

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

City..... *St. Louis* (No. *Home of Aged*)

File No.....

16527

Registered No.....

4627

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. ....

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

St. ....

70

Ward.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth?

13 yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*male*

**4. COLOR OR RACE**

*white*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Widowed*

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

*Widowed*

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

*January 12<sup>th</sup> 1939*

**7. AGE**

*90* YEARS

MONTHS

*3*

DAYS

*9*

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

*none*

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

*Retiree*

*Night Habitation*

(c) Name of employer

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

(STATE OR COUNTRY)

*London*

*England*

**10. NAME OF FATHER**

*Henry Todd*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*England*

**12. MAIDEN NAME OF MOTHER**

*Ann Moore*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*England*

**14.**

INFORMANT

(Address)

*Sister Jeanne  
2209 Hebert St*

**15.**

FILED

*APR 22 1929*  
*My C Stark*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*April 21<sup>st</sup> 1929*

**17.**

I HEREBY CERTIFY, That I attended deceased from *Feb. 22, 1929* to *April 21<sup>st</sup> 1929* that I last saw him alive on *April 20, 1929* and that death occurred, on the date stated above, at *B. No. ....*

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

*Chronic Myocarditis*

*90 3 9*

(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

*Atherosclerosis*

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical Examination*

(Signed) *Anthony A. Prelewski, M. D.*

*4/22, 1929* (Address) *1502 Cass Ave.*

\*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

*balcony*

*4-22 1929*

**20. UNDERTAKER**

ADDRESS

*Arthur J. Donnelly*  
*2039 Wash St*

WHITE 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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