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.

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

Do not use this space.

16825

File No. 4948

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 6111 A Pennsylvania St. Ward)

Registration District No. 791

Primary Registration District No. 1002

2. FULL NAME Louis Trice

(a) Residence. No. 6111 a Pennsylvania St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	11	8	

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)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Parry Trice

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

12. MAIDEN NAME OF MOTHER Mary Ring

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

14. INFORMANT Mary Trice
(Address) 6111a Pennsylvania Avenue

15. FILED APR 30 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 — 27 — 1929

17. I HEREBY CERTIFY, That I attended deceased from April — 23 — 1929, to April — 27 — 1929, that I last saw him alive on April — 27 — 1929, and that death occurred, on the date stated above, at 4 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia, Cardiac Insufficiency + Acute Nephritis
106
95B (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Not Known
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Erskine D. Johnson, M. D.
, 19 (Address) 3100 a Lucas, 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 Marianna Ark

DATE OF BURIAL May 5 1929

20. UNDERTAKER Gates Funeral Home

ADDRESS 4107 Finney

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