

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

Do not use this space.

16886

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1103

City St. Louis (No. Celestine)

File No.
Registered No. 5890
St. Ward)

2. FULL NAME

(a) Residence No. 17272 3/4 Reas St. 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

April 5 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

7

8. OCCUPATION OF DECEASED

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

Surgeon

(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)

Mexico

10. NAME OF FATHER

Philip Masques

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mexico

12. MAIDEN NAME OF MOTHER

Rose Masques

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mexico

14. INFORMANT

(Address)

Walter Richter
Celestine

15. MAY 29 1929

FILED

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 22 1929

17. I HEREBY CERTIFY, That I attended deceased from

April 17 1929 to April 22 1929 that I last saw him live on April 22 1929 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura hemorrhagica

CONTRIBUTORY (SECONDARY)

69A

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?

(Signed)

Edward Helwig, M.D.

(Address)

Celestine

*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. Louis 2.

5-3 19 29

20. UNDERTAKER

ADDRESS

Walter Richter

3500 Rutger St

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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18
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Masquez