

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

Do not use this space.

19915

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 110023
 City St Louis (No. City of St Louis)

File No.....
 Registered No. 5538
 St. Ward)

2. FULL NAME

(a) Residence. No. 1840 P 8 St. 23 Ward.

(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. 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) Dec 6 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 21

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Georg Balint

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

12. MAIDEN NAME OF MOTHER Ruth Kow

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

14.

INFORMANT (Address) City St Louis

15.

FILED MAY 20 1929 May C Stork REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1929

17. I HEREBY CERTIFY that I attended deceased from May 9 to May 17 1929 that I last saw him alive on May 17 1929 and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

chronic Cardiac Valvular Disease
Mitral and Aortic Stenosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Autopsy
 (Signed) Edward Welby M. D.

5/18 1929 (Address) City of St Louis
 *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

Mount Hope Cem

DATE OF BURIAL

May 20 1929

20. UNDERTAKER

Weick Bros 2201 St Louis

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.

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

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