

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

Do not use this space.

22483

1. PLACE OF DEATH

County St. Louis
Township Wentz
City Valley Park (No. 2)

Register 785
Primary Registration District No. 6031

File No. _____
Registered No. 107
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
69 11 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common 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) Quincy Ill

10. NAME OF FATHER Not known Speare

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Not known

14. INFORMANT Mrs Viola Mitzetich
(Address) Valley Park Mo

15. FILED 7/10 1929 C. E. Barnett M.D.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at Home)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera dysenteria
9:30
77 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED 900 B
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Study

(Signed) John O. Howell M.D.

18 (Address) Physician of St. Louis County

*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

Valley Park Cemetery June 19 1929

20. UNDERTAKER John G. Kah ADDRESS Fenton Mo

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.

JUL 27 1929

96
24
2
237
2
31

