

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

Do not use this space.

22737

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No. **City of St. Louis**

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

File No.

Registered No. **6145**

St. Ward)

2. FULL NAME

(a) Residence. No. **3802 Cass** St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. 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** **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 19 1859**

7. AGE YEARS **19** MONTHS **8** DAYS **16** If LESS than day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. **Carpenter**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

10. NAME OF FATHER.....

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

12. MAIDEN NAME OF MOTHER.....

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

14. INFORMANT **Edmond**
(Address) **City of St. Louis**

15. FILED **11-6**, 19 **1929** **REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1929**

17. I HEREBY CERTIFY That I attended deceased from **May 29**, 19**29**, to **June 5**, 19**29**, that I last saw him alive on **June 5**, 19**29**, and that death occurred, on the date stated above, at **7:45** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
with Hemiplegia left.

CONTRIBUTORY (SECONDARY) **Bronchopneumonia**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1740**
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**
(Signed) **Edward Melhorn, M.D.**
15, 19**29** (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 **St. Matthew Cemetery** **DATE OF BURIAL** **6/7 1929**

20. UNDERTAKER **Meek & Dickman** **ADDRESS** **3039 Eastm**

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.

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Loney.