

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

Do not use this space.

23408

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 5932, Romaine Pl) St. _____ Ward _____

File No. _____
 Registered No. 6908
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5932, Romaine Pl, St. 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jada Shirley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 5 1869</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Street car Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) Public Service Co.

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ ?
 (STATE OR COUNTRY) West Virginia

10. NAME OF FATHER Henry Shirley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ ?
 (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Hester Finch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Jada Shirley
 (Address) 5932 Romaine Pl

15. FILED 11-1-1929 New C Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-1-29 to 6-28-29 that I last saw him alive on 6-25-29 and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
82-14
100 (duration) yrs. mos. ds.
 CONTRIBUTORY Hypertension (SECONDARY) (duration) yrs. mos. ds.

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 Physical Exam
 (Signed) E.H. Jansche, M. D.

6-29-1929 (Address) 4886 Natural Bridge
 *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. Peters Cemetery DATE OF BURIAL 7-1 1929

20. UNDERTAKER Geo. L. Deitch ADDRESS 5966 Eastern

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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