

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

Do not use this space.

23498

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **10-3**

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

File No. ....

Registered No. **7469**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **119 Elm** 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 **30** 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 (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 18 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abt. 67**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **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) **Pennsylvania**

10. NAME OF FATHER **Thomas**

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) **City Report**

15. FILED 19 **1929** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from **June 16**, 19**29**, to **June 17**, 19**29**, that I last saw him alive on **June 17**, 19**29**, and that death occurred, on the date stated above, at **10:50 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Cellulitis of scrotum + penis**  
**cause unknown**  
(duration) yrs. mos. ds.

CONTRIBUTORY **Chronic myocarditis**  
(SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Edmund R. Sheridan** M. D.

17, 19**29** (Address) **City Report**

\*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. Louis U.** DATE OF BURIAL **7-10 1929**

20. UNDERTAKER

**Walter Richter** ADDRESS **3500 Rutger St**

WRITE PLAINLY, WITH UNLOADING 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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Mooney.