

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

Do not use this space.

26247

1. PLACE OF DEATH

County.....

Registration District No. 781

File No.

Township.....

Primary Registration District No. 1003

Registered No. 7400

City St. Louis (No. 4133)

(No. Key 100 Peter) St. Ward

2. FULL NAME

(a) Residence. No. 4133 N Grand St Ward. 10

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (see 100-100-100) Elben Myles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 3 25

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Seamaster (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) Germany

10. NAME OF FATHER Do not know

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

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT (Address) Key 100 Peter

15. FILED 1 19 11 Key C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 19 29

17. I HEREBY CERTIFY That I attended deceased from July 8, 1929 to July 15, 1929 that I last saw him alive on July 15, 1929, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cor. Myocarditis
936
10 (duration) 2 yrs. mos. da.
CONTRIBUTORY Senility
(SECONDARY) ? (duration) yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED 9/15 IF NOT AT PLACE OF DEATH. 4133 No Grand

DURATION OF ILLNESS PRECEDE DEATH. no DATE OF no

19. WHAT TEST CONFIRMED DIAGNOSIS. none (Signed) Ben Margolin, M.D.

7/16, 1929 (Address) Key 100 Peter
*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 Calvary Cemetery DATE OF BURIAL July 19, 29

20. UNDERTAKER Chas. Stocklund ADDRESS 2117 E Grand

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

89
10

Kroner.