

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

Do not use this space.

26513

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City of St. Louis)
Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 7779
St. Ward)

2. FULL NAME

(a) Residence No. 3503a (Usual place of abode) Ward.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929
17. I HEREBY CERTIFY, That I attended deceased from May 7 1929 to July 26 1929 that I last saw him alive on July 26 1929, and that death occurred, on the date stated above, at 7:36 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
from Shill strain
932
107A

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1861
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
68 2 6

(duration) yrs. mos. ds.
150A Hypertensive Bronchitis
(SECONDARY)
pneumonia (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATOR RECEIVE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

(Signed) John W. ..., M. D.
7/2 1929 (Address) City of St. Louis

10. NAME OF FATHER Joseph Zryb

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

12. MAIDEN NAME OF MOTHER Esther Stewart

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

14. INFORMANT (Address) Cent. ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CASSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marquette Mich.
DATE OF BURIAL 7-28 1929

15. FILED 111 27 1929

20. UNDERTAKER Arthur J. Connolly
ADDRESS 3503a ...

REGISTRAR Max ...

CAUSE OF DEATH in plain terms, so that it may be classified. Exact statement of OCCUPATION is very important.

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