

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

Do not use this space.

29237

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3135 Henrietta)

File No.....
Registered No. 8371
St..... Ward.....

2. FULL NAME

Thomas Rounce
(a) Residence. No. 3135 Henrietta St. 17 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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)

Illinois

10. NAME OF FATHER Thomas Rounce

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT James J. Thomas
(Address) 3135 Henrietta

15. FILED 19 Ray S. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1929, to Aug. 15 1929 that I last saw him alive on Aug. 15 1929 and that death occurred, on the date stated above, at 10:40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis General
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

Did an OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Carl G. Druehl M. D.

Aug 16, 1929 (Address) Webster Groves

*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 DATE OF BURIAL

New St. Marwe Aug 19 1929

20. UNDERTAKER Wacker Holderte 2321 So. Bidway ADDRESS

