

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St Louis (No. 5325 Maffett Ave St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 29637  
 Registered No. 8826

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St., 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
58 6 1

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

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Henry

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

12. MAIDEN NAME OF MOTHER Nora Sullivan

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

14. INFORMANT Rose Henry  
 (Address) 5325 Maffett Ave

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
Max C. Starnes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1929 to Aug 29 1929 that I last saw him alive on Aug 28 1929 and that death occurred, on the date stated above, at 3:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
Chronic Dilated Nephritis  
 (duration) ..... yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis  
non Tubercular (duration) ..... yrs. 4 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? Clinical findings  
 (Signed) Thomas H. Kaplan M. D.

8/29 1929 (Address) 2743 N Teany

\*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 8/31 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

2743 d - 2000

10-12 Am