

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

Do not use this space.

35765

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. St. Marys Infirmary)

File No.
Registered No. 10562
St. Ward)

2. FULL NAME

(a) Residence. No. 4704 Wilshusen St. 22 Ward. St. Louis Co. Mo

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Josephine L. L. in
(Address) 4704 Wilshusen St.

15. FILED 28 1928 W. E. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 19 29

17. I HEREBY CERTIFY, That I attended deceased from 10-10, 1929, to 10-26, 1929, that I last saw him alive on 10-25, 1929, and that death occurred, on the date stated above, at 2:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1098 Cong
715 Stroke pneumonia
1.9.11
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) congenital hydro Nephrosis
hematuria (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN ACCIDENT? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W. E. Starker, M. D.

10-27, 19 29 (Address) 1836 Poplar St

*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 S.S. Peter & Paul Cemetery DATE OF BURIAL 10-28 1929

20. UNDERTAKER Wiegand & Co ADDRESS 4104 Mauchester

WHITE PAINLY, WITH FADING INK---THIS IS AN EXHIBIT 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.

