

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

Do not use this space.

35916

File No. \_\_\_\_\_  
Registered No. 10727  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis Mo (No. 6248 Farmers Ave)

**2. FULL NAME**

Ferdinand J Lice  
(a) Residence. No. 6248 Farmers Ave St. 3 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 Hettie Lice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 1 23

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

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

10. NAME OF FATHER James T Lice

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

12. MAIDEN NAME OF MOTHER Belle Davis

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

14. INFORMANT Hettie Lice  
(Address) 6248 Farmers Ave

15. Filed 1-1-1929 May C Storker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1929  
17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1929, Oct 21 1929, that I last saw him alive on Oct 17 1929, and that death occurred, on the date stated above, at 10:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
47B  
93C  
10:15 p.m. Myocarditis chronic with acute exacerbation.

CONTRIBUTORY (SECONDARY) Bronchostasis & Carcinoma of lung.  
(duration) yrs. mos. ds. 3

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 Physical findings  
(Signed) Dr. Matthew E. Davis, M. D.  
, 19 (Address) 1005 Mc Cloud

\*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 Sullivan Mo DATE OF BURIAL Nov 2 1929

20. UNDERTAKER Manchester Burial & Crematory Co ADDRESS Manchester

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.

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