

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

Do not use this space.

38972

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 502
 City St Louis (No. 915 a N. W. 11th) St. 11 Ward

File No.....
 Registered No. 11776
 St. 11 Ward

2. FULL NAME

(a) Residence No. 915 N. W. 11th St. Ward 11
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) Aug-20-1869

7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.
60 3 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cecilia Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

14. INFORMANT Noy Nelson
 (Address) 43400 Farmer

15. FILED May 21 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1929

17. I HEREBY CERTIFY, That I attended deceased from July 2-9, 1929 to Nov 19, 1929 that I last saw him alive on Oct 10, 1929, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
9 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Atherosclerosis
7 1/2 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Wm. J. Mueller, M. D.

(Address) 2535 Franklin

*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 DATE OF BURIAL 11/22 1929

20. UNDERTAKER Manuel Molt Co ADDRESS 4459
Thomas

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.

WHILE IN PANEL, WITH CAPACITOR UNPLUGGED THIS IS A PERMANENT RECORD

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11/22/29
11/22/29
11/22/29

