

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

Do not use this space.

42000

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 4033 Registered No. \_\_\_\_\_  
 City Brentwood (No. \_\_\_\_\_) Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Don Oliver Brentwood St. \_\_\_\_\_ 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 - 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 9 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (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) La  
 10. NAME OF FATHER George Oliver  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) La  
 12. MAIDEN NAME OF MOTHER Laura Flourney  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ark

14. INFORMANT Sarah Oliver  
 (Address) Brentwood Mo  
 15. FILED Dec 12, 1929 R. H. Sullivan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1929  
 to Dec 7 1929  
 that I last saw him alive on Dec 7 1929 and that death occurred, on the date stated above, at 11:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

MITRAL REGURGITATION  
SYPHILITIC LARYNGITIS (duration) yrs. mos. ds.  
 CONTRIBUTOR (SECONDARY) \_\_\_\_\_ (duration) yrs. 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 \_\_\_\_\_  
 (Signed) Dr. W. O. Loeschel M. D.

\*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 Washington Ark DATE OF BURIAL 12/13 1929  
 20. UNDERTAKER A. Reussel ADDRESS W. 2732

PARENTS

