

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

Do not use this space.

42184

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 7003

File No.....
Registered No. 11896
St. Ward)

City St. Louis (No. 1001)
13507 Jack Dominguez

2. FULL NAME
(a) Residence No. 3532 Dundell St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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) Nov 16 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Elevator Man
(b) General nature of industry, business, or establishment in which employed (or employer) at
(c) Name of employer Coronado Hotel

9. BIRTHPLACE (CITY OR TOWN) New Spain
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. Juan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Spain
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mar Juan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Spain
(STATE OR COUNTRY)

14. INFORMANT Dr. J. J. ...
(Address) City Hospital

15. FILED 11 1929 New Spain
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1929

17. HEREBY CERTIFY, That I attended deceased from Nov 30, 1929 to Dec 4, 1929
that I last saw him alive on Dec 4, 1929 and that death occurred, on the date stated above, at 1145 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic alcoholism
Deleirium Tremens
107A
12A (duration) yrs. mos. ds.

CONTRIBUTORY Broncho-pneumonia
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Edward Welby, M.D.
17/4, 1929 (Address) City Hospital

*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 St. Malheur DATE OF BURIAL Dec 19 29

20. UNDERTAKER Mr. Marshall ADDRESS 4489 Washington

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.

PARENTS

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Dumigan