

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

City **City of St. Louis**

File No. **42663**

Registered No. **12445**

St. _____ Ward)

2. FULL NAME

(a) Residence No. **1511 Hickory St. 22** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 18 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

4

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

Civil

(c) Name of employer

W. S. Gort.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Wm Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Jane Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT

(Address)

City of St. Louis

15. FILED

REC-22 1929

Max B. Stackloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from **Dec 18**, 19**29**, to **Dec 21**, 19**29** that I last saw him alive on **Dec 21**, 19**29** and that death occurred, on the date stated above, at **11:00 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
Atrophic Arteriosclerosis (non-alcoholic)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1511 Hickory

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHY TEST CONFIRMED DIAGNOSIS

(Signed) **Ben Margolis M.D.**

1229, 19**29** (address) **City of St. Louis**

*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

DATE OF BURIAL

Jefferson Co Mo

12 21 1929

20. UNDERTAKER

ADDRESS

A. Elmer S. Dehn

X. 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.

Pry