

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

Do not use this space.

2529

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Overland (No. ....)

Registration District No. 789  
Primary Registration District No. 6039B

File No. ....  
Registered No. 2529  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. 2708 Woodson 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. 3 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) Sep. 15-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 4 5

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Alfred Julian

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo  
(STATE OR COUNTRY)

14. INFORMANT Alfred E. Julian  
(Address)

15. FILED 1/21 1930 Joela Gray M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1930, to Jan. 20, 1930 that I last saw h. in alive on Jan. 20th, 1930, and that death occurred, on the date stated above, at 4:45 p. m.

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

925 Bronch - Pneumonia  
101A

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Endocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH POA

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Hugh C. Hartman, M. D.

1/21, 1930 (Address) 2573 Woodson Pl. Overland

\*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  
Bellefontaine Cem 1/22/1930

20. UNDERTAKER ADDRESS  
Barriman Bros Overland Mo

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