

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

Do not use this space
 3378 ~~3194~~
 2807
 File No. _____
 Registered No. 876 (Ward)

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City, St. Louis Mo (No. Little Sister of Poor House)

2. FULL NAME

(a) Residence No. 3400 Cherokee St., 16 Ward.
 (Usual place of abode) (If not resident, 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 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) Aug 2 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Elevator Operator
 (b) General nature of industry, business, or establishment in which employed (or employer). Anheuser Busch Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown Spinner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) John Appelbaum
Edna Harris Parks

15. FILED Miss C. Parker REGISTAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1930, to Jan 24 1930, that I last saw him alive on Jan 24 1930 and that death occurred, on the date stated above, at 107 m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:

107A Bronchial Pneumonia
97
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 107A

8 DID AN OPERATION PRECEDE DEATH. DATE _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Brown M. D.
107A (Address) 3165 D Grand

*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
St. Peter Paul Church Jan 28 1930

20. UNDERTAKER John J. Robert ADDRESS 1925 Grand

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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