

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

Do not use this space.

6447

1. PLACE OF DEATH

County..... Registration District No.....
Township *St. Louis No.*..... Primary Registration District No. *701*
City *St. Louis Mo.* (No. *3322*, *Virginia Ave.*).....

File No.....
Registered No. *1240*
St..... Ward.....

2. FULL NAME

(a) Residence. No. *3322* *Virginia* St., *16* 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 *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed.*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 14 - 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 *6* *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) *Gardner auto Co.*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

PARENTS

10. NAME OF FATHER *Unknown*

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) *Germany*

14. INFORMANT

(Address) *Julius J. Gardner*
3322 Virginia Ave.

15. FILED

May 21 1930
W. J. Farley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 3 - 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 1st*, 1930, to *Feb. 3rd*, 1930, that I last saw him alive on *Feb. 2nd*, 1930, and that death occurred, on the date stated above, at *2:15 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59
98B (duration) *2* yrs. *2* mos. *05* ds.
CONTRIBUTOR (SECONDARY) *Banquine of left foot*
(duration) *—* yrs. *—* mos. *21* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Edward Wenger*, M. D.
1/3, 1930, (Address) *2002 E. B. Hoag*

*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

New St. Marcus Chm. *2-5-1930*

20. UNDERTAKER ADDRESS

Ziegenhein Bros. 2673 Cherokee

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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