

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

Do not use this space.

6976

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *1043* *Ann ad.*)

Registration District No. *701*  
Primary Registration District No. *1003*

File No.....  
Registered No. *1841*  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. *1043 Ann ad. 73* 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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Female White Married*

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

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

*Unknown*

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

*ab. 45*

8. OCCUPATION OF DECEASED

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

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

*Ill.*

10. NAME OF FATHER

*Unknown*

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

*Ill. Unknown*

12. MAIDEN NAME OF MOTHER

*Unknown*

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

*Ill. Unknown*

14. INFORMANT (Address)

*J. W. Kerner  
Coronis Quest*

15. FILED

*1930  
W. C. Starker  
REGISTRAR*

**MEDICAL CERTIFICATE OF DEATH**

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

*Feb 19 1930*

17. *No Physician in Attendance*  
HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at....., 19....., m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Fuel Gas Poisoning  
Coffee Pot Boiling Over  
on Gas Range  
1790 (duration) yrs. mos. ds.*

CONTRIBUTORY (SECONDARY) *Accidents* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. W. Kerner M.D.*

2/21, 1930 (Address) *Def. Coroner*

\*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)

*East St. Louis Ill  
Holy Cross Cemetery 2/22 1930*

20. UNDERTAKER

*Edgmont Ill  
Mrs. M. Walsh  
East St. Louis Ill*

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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