

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

Do not use this space.

10310

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis (No. City 1003)

File No.

Registered No. 2279

St. Ward)

2. FULL NAME

(a) Residence. No. 3011 Salina St. 24 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. . mos. . ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1930

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

17. I, HEREBY CERTIFY, That I attended deceased from Jan 13 1929 to March 7 1930 that I last saw him alive on March 7, 1930, and that death occurred, on the date stated above, at 9:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 19

Brain Obstruction from adhesions cause of adhesions unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Porter
(c) Name of employer St. Louis Office Co

12 2 B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Labor pneumonia

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH 1010

10. NAME OF FATHER Frank Hotel

18. DID AN OPERATION PRECEDE DEATH? DATE OF

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

18. WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Mary Jehu

18. WHAT TEST CONFIRMED DIAGNOSIS?

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

(Signed) John Mustos M. D.
319 (Address) City 1003

14. INFORMANT (Address) Edorau

*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

15. FILED 19 Wm C Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 3-6 1930

20. UNDERTAKER Wm C Starkey ADDRESS 1905-5 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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

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