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

Do not use this space.

File No. 11227

Registered No. 3571

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. 2579 Cole St. Ward)

2. FULL NAME Milton Stow

(a) Residence. No. 3130 Easton St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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): July 12 1904

7. AGE: Years 25 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waiter
(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): St Louis Mo

PARENTS

10. NAME OF FATHER: William Stow

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

12. MAIDEN NAME OF MOTHER: Mame Smith

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

14. INFORMANT: Hospital Information
(Address): City Hospital

15. FILED: Apr 1, 1930 Max C. Karl Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 31 1930

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1930, to March 31, 1930, that I last saw him alive on March 31, 1930, and that death occurred, on the date stated above, at 12:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pancreatitis (Acute)

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75B (duration) yrs. 3 mos. (?) ds.

CONTRIBUTORY (SECONDARY) Chronic Alcoholism (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3130 Easton

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Benj Margulies M.D.

3/31, 1930 (Address) City Hospital

*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: Calvary

DATE OF BURIAL: 4-3 1930

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St

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.

PERMANENT RECORD

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