

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

Do not use this space.

14711

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1094**)

City **North St. Louis**

File No.

Registered No. **4115**

St. Ward)

2. FULL NAME

(a) Residence. No. **1416 S Compton St.** **17** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **56** 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 **Single** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 10 - 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | **9** | **13**

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Joseph Luby**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Britt**

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

14. INFORMANT

(Address) **City of St. Louis**

15. FILED **11 24 1930**

REGISTRAR **Max C. Stanley**

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **April 17**, 19**30**, to **April 23**, 19**30** that I last saw him alive on **April 23**, 19**30** and that death occurred, on the date stated above, at **9:40 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **90B**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH **1416 S Compton**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Ray Mansfield** M. D.
4/23/30 (Address) **City of St. Louis**

*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 **Cahary**

DATE OF BURIAL **April 24 1930**

20. UNDERTAKER **Edw. J. Howard**

ADDRESS **4212 St. Louis**

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.

