

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

Do not use this space.

14897

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

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

File No.

Registered No. **4314**

St. Ward)

2. FULL NAME

(a) Residence No. **4381 Forest Park Dr. 19** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** 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)

married

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

Emma Waters

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

Jan 27 1861

7. AGE

YEARS **69**

MONTHS **3**

DAYS **7**

If LESS than 1 day, hrs. or mos.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Salaman 108

(b) General nature of industry, business, or establishment in which employed (or employer).

Clothing

(c) Name of employer

J. Capp & Sons

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Lepton Waters

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Mrs. Rosau Roach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

(Address)

St. Louis City Hospital

15. FILED

NO. **311 135**

May 1930

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Apr 29 1930

17. I HEREBY CERTIFY, That I attended deceased from **Apr 29 1930** to **Apr 29 1930**; that I last saw him alive on **Apr 29 1930**, and that death occurred, on the date stated above, at **5:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia (Rt. Upper Lobe)

CONTRIBUTORY (SECONDARY) **Erysipelas of Back** (duration) yrs. mos. ds. **8**
non-traumatic (duration) yrs. mos. ds. **3**

18. WHERE WAS DISEASE CONTRACTED

4381 Forest Park

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? (no) DATE OF

no

20. WERE THERE AN AUTOPSIES?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Benj. Margulies, M. D.

4381 Forest Park St. Louis 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

Shelbyville Ill.

DATE OF BURIAL

5/1/1930

20. UNDERTAKER

Ralph B. Sarty

ADDRESS

Shelbyville 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.

Waters