

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

17501

File No. 4574
Registered No. 1 St. 24 Ward

2. FULL NAME

(a) Residence. No. 2655 Cades St. 213 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

ISOLATION HOSPITAL

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

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

17. I HEREBY CERTIFY, That I attended deceased from May 6 1930, to May 7 1930 that I last saw him alive on May 7 1930, and that death occurred on the date stated above, at 3:20 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15, 1910

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day,hrs. ormin.
	<u>26</u>	<u>2</u>	<u>22</u>	

Typhoid Fever
123B

8. OCCUPATION OF DECEASED

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

(duration) yrs. mos. ds.
CONTRIBUTORY Intestinal Hemorrhage
(SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED:

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

Herman Level

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER

Maudie Cump

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. K. Caldwell M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

57 1930 (Address) **ISOLATION HOSPITAL**

14. INFORMANT

(Address) L. Krouce
ISOLATION 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.

15. FILED

19 8 May C. J. Schmur REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farmington Mo. DATE OF BURIAL May 9 1930

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette Ave.

1953

... statement of OCCUPATION is very important