

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

Do not use this space.
21094
~~21193~~
File No. _____
Registered No. 5945.
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **City Report**)

2. FULL NAME

(a) Residence. No. **1006 Chestnut St.** Ward **22**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 1 - 1856**

7. AGE YEARS **74** MONTHS **8** DAYS **15** If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Stork**
(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) **Iowa**

10. NAME OF FATHER **Harvey William**

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

12. MAIDEN NAME OF MOTHER **Raney Curtis**

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

14. INFORMANT (Address) **City Report**

15. FILED **19 1930** REGISTRAR **My C. Walker**

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from **June 7, 1930** to **June 16, 1930** that I last saw h^e alive on **June 16, 1930** and that death occurred, on the date stated above, at **1730 m**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
Chronic myocarditis
Chronic nephritis
131 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **930** **162** (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Chinical**
(Signed) **Carl H. Hotz** M. D.
6/16 1930 (Address) **City Report**

*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 **St. Mathewy County** DATE OF BURIAL **6 20 1930**

20. UNDERTAKER **Charles P. Schaffer** ADDRESS **Fullerton**

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.

Riley