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

Do not use this space.

25424

File No.

Registered No. 7661

1. PLACE OF DEATH

County

Registration District No. 791 1002

Township

Primary Registration District No.

City St. Louis (No. City Hospital St. Ward) 7586

2. FULL NAME Victor Aynes

(a) Residence. No. 1124 Kentucky St. Ward. 18

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	8	11	

8. OCCUPATION OF DECEASED

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

(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) New York

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know

(STATE OR COUNTRY)

14. INFORMANT Hospital Information

(Address) City Hospital

15. FILED JUL 31 1930 Chas C Stocker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to July 30, 1930 that I last saw him alive on July 30, 1930, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma non Tubercular

112

1118 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia (Terminal)

no Lobar or Bronchs #103 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Raymond Jocobs, M. D.

7/31, 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	DATE OF BURIAL
Valhalla Crematory	Aug 1 1930

20. UNDERTAKER Kyle Leedner Und Co

ADDRESS 1417 N Kingshighway

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.