

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

Do not use this space.

25509

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis (No. South City, Hosp. #2) Ward.....
George Roberts (Col.)

File No.
 Registered No. 8051

2. FULL NAME

(a) Residence. No. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 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 (Col.) 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Ab. 75

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

9. BIRTHPLACE (CITY OR TOWN) Married
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Married
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Married
 12. MAIDEN NAME OF MOTHER Married
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Married

14. INFORMANT J. W. Keenan
 (Address) 33rd St. @ ...

15. FILED 1932 May 2 Franklin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. No Physician Attended
 I HEREBY CERTIFY, That I attended deceased from 19....., 19.....
 (that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 12:15 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insulation
191 H.D.
930 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. W. Keenan M.D.

732. 1930 (Address) Dep. @ ...

*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
Greenwood Cemetery 8-12-1930

20. UNDERTAKER ADDRESS
Atkinson 33rd St. @ ...

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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