

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

Do not use this space.

28342

1. PLACE OF DEATH

County.....

Registration District No. 1791

Township.....

Primary Registration District No. 2033

City St. Louis

No. City 10464

File No.

Registered No. 8197

St.

Ward)

2. FULL NAME

(a) Residence. No. 15216

(Usual place of abode)

St. 122

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 6

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)

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

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

Jan 8 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7 9 8

8. OCCUPATION OF DECEASED

(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)

(STATE OR COUNTRY)

Wilmington Ohio

10. NAME OF FATHER

Albert (Watkins)

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary E. Walter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wilmington Ohio

14. INFORMANT

(Address)

City 10464

15. FILED

AUG 17 1930

W. C. Hanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 16 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 27, 1930, to Aug 16, 1930, that I last saw him alive on Aug 16, 1930, and that death occurred, on the date stated above, at 11:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Decease & Entertis

CONTRIBUTORY (SECONDARY)

113 B

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?

(Signed) Dr. J. M. Maher

M. D.

8/17, 1930 (Address) City 10464

*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

Barnette Mo

Aug 17 1930

20. UNDERTAKER

ADDRESS

E. J. Schuur 3125 Lafayette Ave.

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.

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

Nelson