

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 6018 Pennsylvania)

34342
File No. 9695
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3, 1852
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
78 1 6

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

9. BIRTHPLACE (CITY OR TOWN) St. Francis County
(STATE OR COUNTRY) Missouri

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

14. INFORMANT Edward Alexander
(Address) 6018 Pennsylvania

15. FILED 11 19 May 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930 to Oct 9, 1930, that I last saw him alive on Oct 9, 1930, and that death occurred, on the date stated above, at 4:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
apoplexy

CONTRIBUTORY (SECONDARY) Senility
(duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 74 W
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. S. Ruett, M. D.

10-10-1930 (Address) 6006 Virginia

*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 1500 Parkview DATE OF BURIAL 10/13 1930

20. UNDERTAKER W. H. Kottmeyer & Co ADDRESS 1801 1/2 Perry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every year or information should be carefully supplied. AGE should be stated EXACTLY.

