

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

Do not use this space.

34712

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis (No. City of St. Louis)
 11875 **FULL NAME** Charles Walter St. _____ Ward _____
 (a) Residence. No. 418 Lucas St., 75 Ward. _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 10099 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 16 - 1880</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>6</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>retired</u>		
(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) <u>Near Virginia</u>		
PARENTS	10. NAME OF FATHER <u>Roy Walter</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Kansas</u>	
	12. MAIDEN NAME OF MOTHER <u>Louise Ann</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Indiana</u>	
14. INFORMANT (Address) <u>Edman</u>	15. FILED <u>1930</u> REGISTRAR <u>Walter C. Harker</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 8, 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 1:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

age 70 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POB 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

WHICH TEST CONFIRMED DIAGNOSIS clinical

(Signed) Raymond H. Gaffney M. D.
19 (Address) City of St. Louis

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Louis 4.</u>	DATE OF BURIAL <u>10-22 1930</u>
20. UNDERTAKER <u>Walter Richter</u>	ADDRESS <u>3500 Rutger St</u>

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.

Nally