

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

Do not use this space.

41058

1. PLACE OF DEATH

County.....

Registration District No. 791

Township St. Louis, Mo.

Primary Registration District No. 725 So. Skinner Rd.

City.....

File No.
Registered No. 11721
St. Ward)

2. FULL NAME

George H. Fof

(a) Residence. No. 725 So. Skinner Rd. St. 5 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)

Married

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

Anna

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

June 17-1882.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

5

26

8. OCCUPATION OF DECEASED

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

Plaining mill

(b) General nature of industry, business, or establishment in which employed (or employer).

Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

George H. Fof

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Katherine Greb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

Anna Fof
(Address) 725 So. Skinner Rd.

15. FILED

DEC 15 1930

Wm. C. Stankley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 - 1930.

17.

I HEREBY CERTIFY That I attended deceased from May 14, 1926, to Dec 13, 1930 that I last saw him alive on Dec 10, 1930, and that death occurred, on the date stated above, at 2:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Ch)
936

CONTRIBUTORY (SECONDARY)

900

(duration) 2 yrs. 7 mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

St. Louis mo

DID AN OPERATION PRECEDE DEATH.....

no

WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS.....

Physical Exam. Lab.

(Signed).....

Wm. C. Stankley M. D.
13, 1930 (Address) 525 Furoe Bldg St. Louis Mo

*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

Oak Grove Mausoleum

12/16 1930

UNDERTAKER

ADDRESS

Ziegenhein Bros. 2623 Cherokee

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.

