

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

7073

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp St. Louis Primary Registration District No. 1003
 City St. Louis (No. 5246 - Quincy)

File No.
 Registered No. 1348
 St. Ward

2. FULL NAME

(a) Residence. No. 5246 Quincy St. 2 Ward 1
 (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 Ling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19 - 1892

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>10</u>	<u>13</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sales
 (b) General nature of industry, business, or establishment in which employed (or employer) 66
 (c) Name of employer Con. E. Co.

9. BIRTHPLACE (CITY OR TOWN) Ellis Grove
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER John Ling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Bevann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Anna Ling
 (Address) 5246 Quincy St.

15. FILED 19 1931 Mar 2 1931
 REGISTRAR W. C. Haskins

I MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 30 1929 to Feb 1 1931, and that I last saw him live on Feb 1 1931, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Ulcerative Tuberculosis of the Lungs
2.3 17 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Philip Schuck M. D.

2-7, 1931 (Address) 1703 S Grand

*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 Sunset Burial Park DATE OF BURIAL Feb 4 1931

20. UNDERTAKER Wacker-Helderle ADDRESS 2331 - S Blum

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.

