

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

Do not use this space.

7336

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 4264 Norfolk Ave) St. Ward) 18

File No.
 Registered No. 1650

2. FULL NAME

(a) Residence. No. 4264 Norfolk 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) Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 11 10

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Boyle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Hester Lee

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

14. INFORMANT John Boyle
 (Address) 41264 Norfolk

15. FILED 19 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7 1931
 17. I HEREBY CERTIFY, That I attended deceased from
Jan 30, 1931 to Feb 7, 1931
 that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia Secondary
to
influenza
 (duration) yrs. mos. ds. 5 ds.

CONTRIBUTORY (SECONDARY) Malaria
 (duration) yrs. mos. ds. 10 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

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) St. Louis Schuchert, M. D.
Feb 9, 1931 (Address) 2200 Chouteau av

*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 Calvary Cemetery DATE OF BURIAL 2-10 1931

20. UNDERTAKER Reigshausen & Co ADDRESS 4184

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.

