

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

7460

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 1916 Knott ave)

File No.
 Registered No. 1784
 St. Ward)

2. FULL NAME

(a) Residence. No. 1916 Knott ave St. 4 Ward. (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 <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>June 9 - 1928</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>8</u>
	DAYS	IF LESS than I day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at Home</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

PARENTS	10. NAME OF FATHER <u>John H. Workholt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
	12. MAIDEN NAME OF MOTHER <u>Clara Hall</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	

14. INFORMANT John H. Workholt
 (Address) 1916 Knott ave

15. FILED 11 1931 Max C. Stander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to Feb 9 1931 that I last saw h. in alive on Feb 9 1931 and that death occurred, on the date stated above, at 1240 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
P. ex. Thro. disease Lone Throat
non plephtheritic
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Scarlet Fever
 (duration) yrs. mos. 8 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) Jules Ch. Keller M. D.
240 1931 (Address) 2603 Cherokee St

*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 <u>St Peter Paul</u>	DATE OF BURIAL <u>Feb 11 1931</u>
20. UNDERTAKER <u>Wacker-Hallers</u>	ADDRESS <u>2331 DoBoys</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.

1913