

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

Do not use this space.

7660

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City Hospital**)

File No. ....

Registered No. **2021**

St. ....

Ward.....

**2. FULL NAME**

(a) Residence. No. **2007 Wilknett** St., **24** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

**male**

4. COLOR OR RACE

**white**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**widowed**

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

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

**unk**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

**abt 56**

8. OCCUPATION OF DECEASED

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

**Porter 245**

(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)

**Illinois**

10. NAME OF FATHER

**unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Germany**

12. MAIDEN NAME OF MOTHER

**unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Germany**

14.

INFORMANT

(Address)

**City Hospital**

15.

FEB 15 1931

FILED

**Hub C. Starck**

REGISTRAR

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

**Jan 13 1931**

17.

HEREBY CERTIFY That I attended deceased from

**Jan 9 1931** to **Jan 13 1931** that I last saw him alive on **Jan 13 1931** and that death occurred, on the date stated above, at **7:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**11A  
110% Grippe**

(duration) ..... yrs. .... mos. .... ds.  
**Pleural effusion**

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? (Y) DATE OF

WAS THERE AN AUTOPSY? (Y) DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? **clinical - X-ray**

(Signed) **Terence Hinson** M.D.

**1/13 1931** (Address) **City Hospital**

\*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

**Missouri Crematory**

DATE OF BURIAL

**2/16 1931**

20. UNDERTAKER

**Wagner Heidler**

ADDRESS

**571 S. Bradley**

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.

Schuster