

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

Do not use this space.

7764

791

**1. PLACE OF DEATH**

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **City Hospital**)

File No. ....  
 Registered No. **23271**  
 St. .... Ward) .....

**2. FULL NAME**

(a) Residence No. **M. L. House** St. .... Ward. **25**

(Usual place of abode) **208 N. 14<sup>th</sup>** (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **45** 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 **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 22 1882**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>48</b>	<b>3</b>	<b>23</b>	

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

9. BIRTHPLACE (CITY OR TOWN) **Franklin Co.,**  
 (STATE OR COUNTRY) **Missouri**

**PARENTS**

10. NAME OF FATHER **Wm. Souders**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?  
 (STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Elizabeth Woodruff**

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

14. INFORMANT **Dr. Maher**  
 (Address) **City Hospital**

15. FILED **1931** **Reg. C. H. Maher**  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 15 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 15 1931** to **Jan 15 1931** that I last saw him alive on **Jan 15 1931**, and that death occurred, on the date stated above, at **7:52 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Myocardial Infarction**  
**930**  
**25**  
 (duration) ..... yrs. .... mos. .... ds.  
 CONFIRMED BY **Dr. Maher** (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?..... **0**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Joseph T. Maher, M.D.**  
**715 3<sup>rd</sup> St.** (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 **Zion Cemetery** DATE OF BURIAL **2-17 1931**

20. UNDERTAKER **Geo. L. Pleitsch** ADDRESS **5966 Eastern Ave**

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.

Woodruff