

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

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

File No. **16195**

Registered No. **4673**

St. .... Ward)

**2. FULL NAME**

(a) Residence No. **3267 Jasper Pk.** St. .... Ward **13**

(Usual place of abode)

(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** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 10 - 1859**

7. AGE YEARS **72** MONTHS **3** DAYS **8** IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Common 287**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**

**PARENTS**  
10. NAME OF FATHER **Unknown**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. **Hospital information**  
INFORMANT **George DeGering**  
(Address) **City Hosp.**

15. **APR 19 1931** FILED **19** **REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18th 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Mar. 12th, 1931** to **April 18th, 1931** that I last saw him alive on **April 18th, 1931**, and that death occurred, on the date stated above, at **4:30 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of stomach**  
**4619**  
**12315**

CONTRIBUTORY (SECONDARY) **Gastro-Enterostomy done** on **3-27-31**. (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED **3267 Jasper Pk.**

IF NOT AT PLACE OF DEATH **yes** DATE OF **3-27-31**

IF AN OPERATION PRECEDE DEATH: **no**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Xray**  
(Signed) **Ray Magalouis, M. D.**  
**4/18, 1931** (Address) **City Hosp.**

\*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 **St Matthews** DATE OF BURIAL **4-20 1931**

20. UNDERTAKER **M. Laughlin** ADDRESS **1651 140 ave.**

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.

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