

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

Do not use this space.

16409

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1008
City St. Louis (No. City Hosp)

File No.
Registered No. 4928
St. Ward)

2. FULL NAME

(a) Residence. No. 706 Thrush Ward. 8
(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) married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 60

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work moulder
(b) General nature of industry, business, or establishment in which employed (or employer) Iron
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Armenia

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

Informant Hospital
(Address) City Hospital

15.

FILED City of St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30th, 1931, to April 1st, 1931 that I last saw him alive on April 1st, 1931 and that death occurred, on the date stated above at 7:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

lobar pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Ray & Autopsy

(Signed) W. Sherman, M. D.

4/1, 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 DATE OF BURIAL

Washington 4/10/31

20. UNDERTAKER ADDRESS

M. C. Richter 3500 Rutger

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.

