

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

Do not use this space.

16600

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **2539**) **University** St. Ward.....

File No.
Registered No. **5123** Ward.....

2. FULL NAME

(a) Residence. No. St. **20** Ward.....
(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 **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Mrs. Samuel**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 28 - 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Retired =**
(b) General nature of industry, business, or establishment in which employed (or employer) **Foreman of Leachman Paper Co**
(c) Name of employer

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

PARENTS
10. NAME OF FATHER **Samuel Samuel**
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. INFORMANT **Edward Samuel**
(Address) **618 1/2 Locust Ave**

15. FILED **29 1931** **W. C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4 - 27 - 1931**

17. I HEREBY CERTIFY, That I attended deceased from **July** 19**30** to **April 27** 19**31** that I first saw him alive on **April 30** 19**31**, and that death occurred, on the date stated above, at **11 30** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Terminal Insufficiency

72A (duration) yrs. **9** mos. **1** da.

CONTRIBUTORY (SECONDARY) **72A** (duration) yrs. mos. da.

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 **Quincke**
(Signed) **Therese Guerin** M. D.
. 19 (Address) **5435 Easton**

*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 **Calvary Cemetery** DATE OF BURIAL **April 30 1931**

20. UNDERTAKER **W. C. Starkey** ADDRESS **4834 North Bendgo**

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.

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