

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

Do not use this space.

20145

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **5831**) **Clemens Ave.**

File No. ....

Registered No. **6182**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **5831 Clemens** St., **5** Ward.

(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

**Col.**

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

**Single**

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

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

**Unknown**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

**abt 44**

8. OCCUPATION OF DECEASED

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

**Janitor 231**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Mo**

10. NAME OF FATHER

**Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**not known**

12. MAIDEN NAME OF MOTHER

**" "**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Mo**

14.

INFORMANT

(Address)

**58 Johnson  
4364 - Corn**

15.

FILED

**May 21 1931  
C. Starling**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**May 24 1931**

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at **7:40 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocarditis  
73c**

CONTRIBUTORY (SECONDARY)

**93c**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kemmer** M. D.

**5/25/31** (Address) **Dep. Coroner**

\*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

**Pottersfield**

**6-2 1931**

20. UNDERTAKER

**Frank Money  
A. E. Best**

ADDRESS

**312 9th St  
St. Louis**

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.

