

**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.....

Township.....

Primary Registration District No.....

City St. Louis (No. City Hospital)

4395

2. FULL NAME

(a) Residence. No. 2423 Garrison St., 11 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long to U.S., if of foreign birth? yrs. mos. ds.

791

1003

23208

File No. 6671

Registered No. 6671

St. _____ Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

male

white

Divorced

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

Mrs. J. W. Plank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

47

9

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Tile

(b) General nature of industry, business, or establishment in which employed (or employer)

Carpenter

(c) Name of employer

Building

9. BIRTHPLACE (CITY OR TOWN)

Indianapolis

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Wm. Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

PARENTS

14.

Informant

(Address)

City Hospital

15.

FILED 7 28 19 31

May C. Starnes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 19 31

17.

I HEREBY CERTIFY, That I attended deceased from June 14 1931, to June 16 1931 that I last saw him alive on June 16 1931, and that death occurred, on the date stated above, at 5:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chm. Myocarditis

(Send to)

(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis

(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.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Phys. Examination

Phys. Examination, M. D.

4/17/31 19 (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

DATE OF BURIAL

New Bethlehem Cemetery

June 19 1931

20. UNDERTAKER

ADDRESS

L. B. Tanner

6107 Nat.

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.

