

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

Do not use this space.

32343

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Burnhemme Primary Registration District No. 6031
Kirkwood (No. Guinelle & Cana Ave)

File No. _____
 Registered No. 194
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Guinelle Rd. x Cana St. 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. MALE FEMALE
 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 Albert Storie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 3 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

10. NAME OF FATHER Christ Desjuzza

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Augusta James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Albert Storie
 (Address) Kirkwood Mo R.F.D 13

15. FILED 9/9 1931 P. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-15 1931, to 9-7 1931 that I last saw h. alive on 9-7 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
194A
71
 (duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 10% Arteriosclerosis

Hypertension (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Truancy
P. E. Barnett (Signed) _____, M. D.

9/8 1931 (Address) Nau Zeug

*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. Peter's Cemetery DATE OF BURIAL 9-10-1931

20. UNDERTAKER Louis A. Bopp ADDRESS Kirkwood Mo

OCT - 6 1931

