

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

Do not use this space.

17413

**1. PLACE OF DEATH**

County ..... Registration District No. *192*  
Township ..... Primary Registration District No. *235*  
City *St. Louis* (Not) *St. Anthony Hospital*

File No. ....  
Registered No. **4266**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *3708* *Thompson* St., *16* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 14 1885</i>				
7. AGE YEARS <i>46</i>	MONTHS <i>7</i>	DAYS <i>17</i>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Slate Roofer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>95</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>				
MOTHER	13. NAME <i>John M. Luan</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>			
	15. MAIDEN NAME <i>Ella Burke</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>				
17. INFORMANT <i>Frank Luan</i> (ADDRESS) <i>3708 Thompson</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>5-3</i> 19 <i>32</i>				
19. UNDERTAKER (ADDRESS) <i>Spencer Helms</i> <i>2331 E. Broadway</i>				
20. FILED <i>1932</i> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1st*, 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *April 25*, 19 *32*, to *May 1*, 19 *32*

I last saw him alive on *May 1*, 19 *32*. Death is said to have occurred on the date stated above, at *1:30* am.

The principal cause of death and related causes of importance were as follows:

<i>Intestinal Obstruction</i>	Date of onset <i>15 days</i>
<i>Carcinoma of Spleenic</i>	<i>7</i>
<i>M. S. Flexure of Colon</i>	
Other contributory causes of importance <i>460</i>	

Name of operation *Rectomy & also sigmoid enterostomy* Date of *April 25*

What test confirmed diagnosis? *May 4 operation* Were an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *Yes*

(Signed) *Henry D. Meyer* M. D.  
(Address) *514 Mulrhoppleton Bldg.*

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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