

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

Do not use this space.

37672

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City St. Louis (No. in Route City Hospital #1) St. .... Ward

File No. ....  
Registered No. 10363  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. 1443 (Room 21) 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE 36 YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

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) Illinois

13. NAME Myrtle

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

15. MAIDEN NAME Myrtle

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

17. INFORMANT J. W. ... (ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Rollers Field DATE 11-23 19. ...

19. UNDERTAKER Ziegenhagen Bros. (ADDRESS) ...

20. FILED NOV 23 1927 Registrar ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13 1927

22. I HEREBY CERTIFY, That I attended deceased from No physician, 1927

I last saw h. alive on attendant which is said

to have occurred on the date stated above, at 10:15 A.M.

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

Chronic myocarditis

Other contributory causes of importance:

93c 930  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1927

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..... 7

Nature of injury..... 4

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. W. ...

(Address) ...

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.

THIS IS A PERMANENT RECORD

