

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

Do not use this space.

7564

1. PLACE OF DEATH

County *St. Louis* Registration District No. *701*
Township *1003* Primary Registration District No. *1003*
City *St. Louis Mo* (No. *4048*) *St. Louis Ark*

File No. *1520*
Registered No. *1520*
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. *4221 West Parkin* St. *10* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 7 - 1850</i>		
7. AGE	YEARS <i>82</i>	MONTHS <i>9</i>
	DAYS <i>4</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>Butcher retired</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Bethesda Md</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Elizabeth Martin 4600 East 14th St St. Louis Ark</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Feb 14th 1923</i>		
19. UNDERTAKER (ADDRESS) <i>Shoof & Carroll 4600 East 14th St St. Louis Ark</i>		
20. FILED <i>FEB 14 1923</i> <i>My Crank</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 11 1923*

22. I HEREBY CERTIFY that I attended deceased from *Nov 10 1922* to *Feb 11 1923*

I last saw *him* alive on *Feb 10 1923* Death is said to have occurred on the date stated above, at *7:20 a.m.*

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis (Mitral Regurgitation) Date of onset *not known*
131 92A 93C
Other contributors causes of importance:
Chr. Nephritis *not known*
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? *Clinical* Was there 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 _____
(Signed) *L M Riordan* M. D.
(Address) *Lister 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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