

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City Richmond Wto (No. 8226, Albert Ave)

Registration District No. 1170
Primary Registration District No. 6248 H.

File No. 17779
Registered No. 98
St. 98 Ward)

2. FULL NAME

(a) Residence, No. 8226 Albert 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. 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 Annie Mayberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 -

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Shoe Worker

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) Maine

13. NAME Eugene Mayberry

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Annie Mayberry
8226 Albert Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE May 22 1933

19. UNDERTAKER (ADDRESS) Wagner Felder
2331 E Broadway

20. FILED 5/19 1933 Wm. J. Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to May 18 1933
I last saw him alive on May 18 1933. Death is said to have occurred on the date stated above, at 10:20 pm.

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

Myocarditis (Chronic)

Date of onset 3 yrs

Other contributory causes of importance:

13 C

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) C. B. Sterling, M. D.
(Address) 2205 109th St Rd
St. Louis, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1933

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