

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

Do not use this space.

17943

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Infirmary**)

File No.
Registered No. **4139**
St. Ward)

2. FULL NAME

(a) Residence, No. **2802 Washington St.** **13** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **16** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Starr		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1885		
7. AGE YEARS 48	MONTHS 2	DAYS 3
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN) **Macomb**
(STATE OR COUNTRY) **Illinois**

13. NAME **Joseph Pestal**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. M. J. ...**
(ADDRESS) **5806 ... St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Matthews** DATE **5-9-33**

19. UNDERTAKER **A. W. M. ...**
(ADDRESS) **163 ... Ave**

20. FILED **MAY - 9 1933**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/7/33** 19

22. I HEREBY CERTIFY, That I attended deceased from **5/6/33** 19, to **5/7/33** 19.

I last saw h. **ER** alive on **5/7/33** 19. Death is said to have occurred on the date stated above, at **7:30 P.M.**

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

Chronic Myocarditis
930
930
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify **Paul F. Max**, M. D.
(Signed) **City Hosp. #1**
(Address)

WRITE PRINT, 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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