

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 62482
 City Richwood Heights (No. St. Marys Hosp St. _____ Ward _____)

File No. 24425
 Registered No. 141

2. FULL NAME

(a) Residence, No. 9534 Medland Ave. 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 <u>Male</u>		4. COLOR OR RACE <u>Wh</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Notman Loane</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22 1857</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>75</u>	<u>7</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrical</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wagner Elec Co.</u>				
	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) <u>Montgomery Co Mo</u>					
MOTHER	13. NAME <u>Wesley Frank</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Mo</u>				
	15. MAIDEN NAME <u>Lucilla Davenport</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Marys Mo</u>				
17. INFORMANT (ADDRESS) <u>Mrs. Mrs. B. Caffee Cleveland Ohio</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park July 21 1933</u>					
19. UNDERTAKER (ADDRESS) <u>Chas. F. Stuart 1225 Mariner Blvd</u>					
20. FILED <u>7/19</u> 19 <u>33</u>					

Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1933

22. HEREBY CERTIFY, That I attended deceased from July 10 1933, to July 17 1933
 Last seen alive on July 18 1933. Death is said to have occurred on the day stated above, at 2:57 p.m.

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

Branchial Pneumonia
60
1916
 Other contributory causes of importance: 66
Addison disease 1927

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clin + Lab 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? No.
 If so, specify _____
 (Signed) Leo J. Russell M. D.
 (Address) 810 S. Page Blvd

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.

8105 Page 2