REC'D JUN 9 1938

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

Do not use this space.

17004

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 4865

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. Alexian Bros Hospital St. Ward)

2. FULL NAME Howash MAHFOOD 131

(a) Residence, No. 927 LASALLE St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sadie Mahfood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 1877

7. AGE: ~~68~~ 60 Years; 6 Months; 24 Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day laborer
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): Syria

FATHER

13. NAME: Howash Mahfood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): George Mahfood 927 Lasalle

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 28, 1938

19. UNDERTAKER (ADDRESS): Thos Curtis 2906 Gravois Ave.

20. FILED MAY 26 1938 J. R. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to May 24, 1938
I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 10.00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 10 1938
Other contributory causes of importance:	
Congestive Failure	1937

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
(Signed) , M. D.
(Address) Alexian Bros

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 INK, IN PERMANENT INK

X7294

EMBALMED BY THOS. KUTIS.

L.E. No 1619

Thos Kutis

L.E. _____