

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

Do not use this space.

4595

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City.....

St.

St.

Ward)

2. FULL NAME

(a) Residence. No.....

(Usual place of abode)

St.

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

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

Lillie Gass

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

Aug 28-1876

7. AGE

52

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

metal worker

(b) General nature of industry, business, or establishment in which employed (or employer)

Hearse

(c) Name of employer

Gardner Hearse Co

9. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Mrs Lillie Buchholz

408 1/2 Russell apt

15.

DATE

FILED

26 1929

W. C. Starck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 25 1929

17.

I HEREBY CERTIFY That I attended deceased from

Dec 10

to

Jan 25 1929

that I last saw him alive on Jan 25 1929, and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis
chronic myocarditis

CONTRIBUTORY (SECONDARY)

unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 Did an operation precede death

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

clinical exam

(Signed)

W. C. Starck

, 19

(Address)

2708 Lynch, St Louis MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cem

Jan 28 1929

20. UNDERTAKER

Thos J Finnan

ADDRESS

534 9th

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.

RECORDING THIS IS A PERMANENT RECORD

