

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

Do not use this space.

25462

File No. _____
Registered No. 7012
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City of St. Louis)

2. FULL NAME

(a) Residence. No. 3710a Olive St., 19 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowd

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 - 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT (Address) City of St. Louis

15.

AUG -3, 1927 FILED Max B. Starckoff

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1927

I HEREBY CERTIFY, That I attended deceased from Aug 1 1927 to Aug 2 1927 that I last saw him live on Aug 2 1927 and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic, interstitial nephritis
Chronic myocarditis

CONTRIBUTORY (SECONDARY) Epilepsy

18. WHERE WAS DISEASE CONTRACTED? At home

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Edmund R. Sheridan, M.D.

8/3, 1927 (Address) City of St. Louis

*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

New St. Marcus Cem. DATE OF BURIAL Aug 3 1927

20. UNDERTAKER

E. J. Schmur ADDRESS 3125 Lafayette Ave.

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.

Gibbs