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

Do not use this space. 10635

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2378

City St. Louis (No. 5631 Kinnerly St. ..... Ward)

2. FULL NAME George E. A. Du Bois

(a) Residence. No. 5631 Kinnerly St., 6 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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16th / 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Peters
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Louis Du Bois
11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mr K
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France
(STATE OR COUNTRY)

14. INFORMANT Mrs. Sophia Du Bois
(Address) 5631 Kinnerly

15. FILED ....., 19..... Max C. Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1927, to March 2, 1928 that I last saw him alive on Feb 26, 1928, and that death occurred, on the date stated above, at 9 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
94A
93C
..... (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
..... (duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin.

(Signed) J. R. Nakada M. D
3/2, 1928 (Address) 3115 So. Grand

*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: Calvary
DATE OF BURIAL: Mar 5 1928

20. UNDERTAKER: Chas. F. Stuart
ADDRESS: 5525 Easton

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.