

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *306*) *Soulard* St. _____ Ward _____

48
 15745 C1
 File No. _____
 Registered No. *4761*
 St. _____ Ward _____

2. FULL NAME

Mike Star
 (a) Residence, No. *306* *Soulard* St., *23* Ward.
 (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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. 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

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

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>about 80</i>	—	—	—

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Broom Maker*
 (b) General nature of industry, business, or establishment in which employed (or employer) *93C 1060 030*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Belleverille* (STATE OR COUNTRY) *Ill.*

10. NAME OF FATHER *Dont know*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER *Dont know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT *Mike Annis* (Address) *1627 Huguenot St.*

15. FILED *MAY -2 1928* *W. C. Starkey* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 30th 1928*

17. I HEREBY CERTIFY, That I attended deceased from *JAN. 21st 1928* to *APRIL 30*, 1928 that I last saw h. *17* alive on *APRIL 28*, 1928, and that death occurred, on the date stated above, at _____ P. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*CHRONIC MYOCARDITIS
(AORTIC DILATATION)*

CONTRIBUTORY *CHRONIC BRONCHITIS + SENILE DEBILITY non tubercular* (duration) _____ yrs. _____ mos. _____ 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..... *No*

(Signed) *Walter E. Frank* _____, M. D.

5-1, 1928 (Address) *1405 S. Broadway*

*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 *Cabany* DATE OF BURIAL *May 3rd 1928*

20. UNDERTAKER *Aug. Brockland & Co.* ADDRESS *1421 N. 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.

