

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

Do not use this space.

35221

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1033**)

File No.

Registered No. **10207**

2. FULL NAME

(a) Residence. No. **4572 S. Adams** St. **15** Ward.

Length of residence in city or town where death occurred **50** yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 1 - 1846**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **87 6 15**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at home** 93
(b) General nature of industry, business, or establishment in which employed (or employer) **16**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Josephine Adams**
4572 S. Adams

15. FILED **11 17 1928** **Mabel Starmer** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 16 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 9** to **Oct 16**, 1928, and that I last saw him alive on **Oct 16**, 1928, and that death occurred, on the date stated above, at **4:30 pm**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
Serulicity? (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **MOB** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **R. Berg**, M. D. **10/16/28** (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 **St. Matthews** DATE OF BURIAL **Oct 19 1928**

20. UNDERTAKER **Hacker Kelders** ADDRESS **2331 S. Adams**

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.

Lesley