

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

Do not use this space.

43371

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City 1003**)

File No. ....

Registered No. **12681**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **no home** St., **23** Ward.

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 31 - 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **64 8 12**

8. OCCUPATION OF DECEASED **436**  
(a) Trade, profession, or particular kind of work. **Laborer 1074**  
(b) General nature of industry, business, or establishment in which employed (or employer) **97**  
(c) Name of employer

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

10. NAME OF FATHER **W. J. ...**

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

12. MAIDEN NAME OF MOTHER **...**

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

14. INFORMANT (Address) **W. J. ...**

15. FILED **DEC 26 1928** **W. J. ...** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 13 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 10**, 19**28**, to **Dec 13**, 19**28**, that I last saw him live on **Dec 13**, 19**28**, and that death occurred, on the date stated above, at **1:30** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Terminal Bronchopneumonia  
Generalized Arteriosclerosis  
Ch. myocarditis**  
(duration) yrs. mos. ds.

CONTRIBUTORY **Senility**  
(SECONDARY) (duration) yrs. mos. ds.

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? **R Berg**  
(Signed) **...** M. D.  
**1/4**, 19**28** (Address) **City 1003**

\*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 **Washington U** DATE OF BURIAL **12-24 1928**

20. UNDERTAKER **Walter Richter** ADDRESS **3520 Rutger St**

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.

M<sup>e</sup> Mahon