

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

Do not use this space.

43633
12956

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **City 1000**)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. **3500 N 20** St. **20** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **18** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

**5. SINGLE, MARRIED, WIDOWED OR
DISORCED (write the word)**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1928

17. I HEREBY CERTIFY, That I attended deceased from
Dec 18 1928, to Dec 29 1928
that I last saw him alive on Dec 29 1928 and that
death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4. MALE **White**

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

Broncho pneumonia
107A
75 B (duration) yrs. mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 - 1891

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| 37 | 1 | 11 | |

CONTRIBUTORY (SECONDARY)
Chronic alcoholism
(duration) yrs. mos. ds.

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

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) **J. M. [Signature]**, M. D.

(Address) **City 1000**

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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Wm B. [Signature]**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Esther Allig**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Denmark**

14. INFORMANT

(Address) **City 1000**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Tridens Cemetery Jan 1st 1929

15. FILED

DEC 31 1928

20. UNDERTAKER

ADDRESS

Bidenwidendulco 1836 St Louis Mo.

REGISTRAR

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.

Auchen

1885