

**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. 79
 Township..... Primary Registration District No. 118th St.
 City St. Louis, Mo. (No. 2905 So. 118th St.)
 Registered No. 19542
5142
 St. Ward)

2. FULL NAME

(a) Residence No. 2905 So. 118th St., St. 14 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. 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) Feb. 24-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 9

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) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT (Address) George Stepputat
2905 So. 118th St.

15. FILED MAY -7 1929
Miss C. Barkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3- 1929

17. I HEREBY CERTIFY That I attended deceased from May 1st, 1929, to May 3rd, 1929; that I last saw h. w. alive on May 3rd, 1929, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulation of bowel

CONTRIBUTORY (SECONDARY) 118th St. (duration) yrs. mos. da.

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? Ch. Ex

(Signed) S.P.S. Payne, M. D.

5/5 .1929 (Address) 1803 Philadelphia

*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 DATE OF BURIAL

New St. Marcus Cem. 5-7- 1929

20. UNDERTAKER ADDRESS Ziegenheim Bros. 2613 Cherokee St.

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