

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

Do not use this space.

42672

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Louis Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 12455

**2. FULL NAME**

(a) Residence. No. 4139 Cherokee St., 7 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>-</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-20-1929</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>15<sup>th</sup> St. 15<sup>th</sup> St. 6<sup>th</sup> St.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1929, to Dec. 22, 1929, that I last saw him alive on Dec. 22, 1929, and that death occurred, on the date stated above, at 4:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute myocarditis (3 days).  
spina bifida.  
Sclero. Myelosis.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 15<sup>th</sup> St. 15<sup>th</sup> St. 6<sup>th</sup> St.  
 (duration) \_\_\_\_\_ 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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Tercy H. Swalben, M. D.  
12/22, 1929 (Address) St. Ann's Hosp., St. Louis

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

10. NAME OF FATHER John H. Daley

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

12. MAIDEN NAME OF MOTHER Margaret Smith

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

14. INFORMANT John H. Daley  
 (Address) 4139 Cherokee

15. FILED DEC 23 1929 Max J. ... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Dec 22 1929

20. UNDERTAKER Hansaw's Undertakers ADDRESS 444 13<sup>th</sup> Washington

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.

