

**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. 70
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 1952 Arlington Ave St. 68 Ward)

2645

2. FULL NAME

(a) Residence. No. 1952 Arlington Ave St. 6 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

2 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Jan 1, 1930 that I last saw h. alive on Dec 31, 1929, and that death occurred, on the date stated above, at 1 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1908

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 7 18

Chronic Endocarditis (Streptococcus Viridans)
92A Subacute Bacterial

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

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER John A. Eichar

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

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

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Lena Brieding

WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture Positive
 (Signed) J. L. Bredel, M. D.

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

21. Jan 2, 1930 (Address) 635 Missouri Bldg

14. INFORMANT John A. Eichar
 (Address) 1952 Arlington Ave

*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.

15. FILED JAN -3 1930
Max C. Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethany Cemetery DATE OF BURIAL Jan. 3, 1930

20. UNDERTAKER Drehmann / Saral ADDRESS 1905 Union

Exact statement of OCCUPATION is very important.

Moody
1-20