

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

Do not use this space.

7028

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. 1894

Township.....

Primary Registration District No. 1003

Registered No. 1894

City St. Louis (No. City of St. Louis)

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1012 N 11 St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1930, to Jan 27, 1930, that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above, at 10:11 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 11 3

Lobar Pneumonia  
(Rt. Lower Lobe)  
Ch. Myocarditis  
(duration) yrs. mos. ds. 6  
CONTRIBUTORY (SECONDARY) ?  
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED at home IF NOT AT PLACE OF DEATH no DID AN OPERATION PRECEDE DEATH. no DATE OF no WAS THERE AN AUTOPSY? no

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Bey Margulies, M.D. 713. 13d (Address) City of St. Louis

10. NAME OF FATHER John Dell

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT (Address) City of St. Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethania Cemetery DATE OF BURIAL 2-25 1930

15. FILED Feb 23 1930 REGISTRAR

20. UNDERTAKER McLaughlin 1631 no ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Dull

1/25