

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

Do not use this space.

14665

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City, Ward # 1)

File No.....

Registered No. 4062

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2109 Franklin St 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

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

unknown

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

After 1900

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

abt 51

✓

✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retiree

(b) General nature of industry, business, or establishment in which employed (or employer).

Unknown

(c) Name of employer

Unknown

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

PARENTS

10. NAME OF FATHER

"Unknown"

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

"Unknown"

12. MAIDEN NAME OF MOTHER

"Unknown"

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

"Unknown"

14.

INFORMANT

(Address)

John J. Hurley  
Corporal's Court

15.

FILED

19..

W. C. Hurley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1930

17. No Physician's Attendance  
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., 19....., and that death occurred, on the date stated above, at....., 1930 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Robert Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Jones M.D.

422 19 30 (Address) St. Charles

\*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

Benton Ind. 4/24 1930

20. UNDERTAKER

ADDRESS

Ziegenhain Bin Cherokee

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.

