

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

Do not use this space.
20918
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1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. No. City Hospital Registered No. 5733
St. 72 Ward

2. FULL NAME

(a) Residence. No. 322 D. Ewing St., 22 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. 22 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marion Ala
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Mattie Cole

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

14. INFORMANT Clara Cole
(Address) 3421 Laclede Ave

15. FILED JUN 13 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Yes

(Signed) J. W. Kemmer
6/13/30 (Address) Deputy Coroner

*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 Father Dickson DATE OF BURIAL June 16 1930

20. UNDERTAKER Emer E. Pettis ADDRESS 3030 Bell

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.

