

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

Do not use this space.

34874

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **10271**  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2738** **Parron Ave.** St. **3** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 7-1912**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<b>18.</b>	<b>6.</b>	<b>20</b>		

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER **Charles P. Phau**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Cincinnati Ohio**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Carrie M. Bond**

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

14. INFORMANT **Chas P. Phau**  
(Address) **2738 Parron Ave**

15. FILED **ST 29 1930** **Max E. Starker Jr** REGISTRAR

**20 MEDICAL CERTIFICATE OF DEATH**

18. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 27- 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 26**, 19**30** to **Oct 27**, 19**30** that I last saw him..... alive on **Oct 27**, 19**30**, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Acute Cardiac Dilatation**  
**Chronic myocarditis**

**Chronic myocarditis**  
(duration) **10** yrs..... 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?..... NO

WHAT TEST CONFIRMED DIAGNOSIS? **Cardinal**  
(Signed) **W. F. Carroll** M. D.  
**10/28, 1930** (Address) **5930 Southworth**

\*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 **Ann St Burial Pl** DATE OF BURIAL **Oct. 29 1930**

20. UNDERTAKER **Wm Amburster and Co** ADDRESS **4234 Manchester**

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.

WHITE BOARDING INK—THIS IS A PERMANENT RECORD

