

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

Do not use this space.

✓ 14730  
File No. \_\_\_\_\_  
Registered No. **4128**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Registration District No. **1002**  
City **St. Louis** (No. **St. Johns Hospital**)

**2. FULL NAME**

(a) Residence, No. **406 1/2 Mauffett on St.** 11 Ward.

(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 **Louise Story**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 7 - 1889**

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.  
**44 10 18**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman 172**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Produce Co.**

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME **William Story**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15**

15. MAIDEN NAME **Amie Curry**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Amie Story 476 1/2 Mauffett on**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla -** DATE **April 28 1932**

19. UNDERTAKER (ADDRESS) **Edw. F. Hubbard + Sons 4212 St. Louis Ave.**

20. FILED **May 2 1932** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 25 1932**

22. I HEREBY CERTIFY, That I attended deceased from **April 18 1932 to April 25 1932**  
I last saw him alive on **April 24 1932** Death is said to have occurred on the date stated above, at **11:45 a.m.**

The principal cause of death and related causes of importance were as follows:  
**Acute Myocarditis** Date of onset **4-18-32**

Other contributory causes of importance:  
**Hemolytic Icterus** **①** **9-1-31**

Name of operation **None** Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_  
(Signed) **John J. Kehoe**, M. D.  
(Address) **4145 St. Louis Ave.**

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.

