

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

Do not use this space.

26958

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 724⁹ Lynch)

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

File No.....
Registered No. **7191**
St. Ward)

2. FULL NAME

(a) Residence, No. **724⁹ Lynch** St., **24** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Annie Let Page</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 4, 1868</i>		
7. AGE	YEARS <i>66</i>	MONTHS <i>10</i>
	DAYS <i>16</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shipping Clerk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Diamond Watch Co.</i>	
	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)
East Louis, Mo.

MOTHER FATHER 13. NAME
Unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER 15. MAIDEN NAME
Unk

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

17. INFORMANT *Annie Let Page* (ADDRESS) *724⁹ Lynch*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Anssett* DATE *7/23/34*

19. UNDERTAKER *Wacker-Helderte* (ADDRESS) *2331 9th St. St. Louis*

20. FILED *1 21 14 19* *Jo J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20, 1934*

2. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at *8:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Depressive Heart
Date of onset
1911

Other contributory causes of importance:
none

Name of operation..... 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? If so, specify

(Signed) *Harold B. Shuf* M. D.
(Address) *St. Louis*

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.

AUG 2 - 1934

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

