

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

Do not use this space.

11781

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1002
 City St. Louis, Mo. (No. City of St. Louis)

File No. _____
 Registered No. 3014
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. Gas. S. Kerrett St. 13 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-20-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT (Address) Mrs. M. Effinger
#259 Laclede Ave

15. FILED 1931 REGISTRAR Harriet C. Starnes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931 to Mar 7, 1931 and that I last saw him alive on Mar 7, 1931 and that death occurred, on the date stated above, at 8:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY) Senility - anemia
 (duration) 5 yrs. 1 mos. 0 ds.
2 yrs. 1 mos. 0 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

WHICH TEST CONFIRMED DIAGNOSIS Reflex
 (Signed) J. J. Richman M. D.
 Address 580 Arsenal

*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 Darway DATE OF BURIAL Mar 9 1931

20. UNDERTAKER Harriet C. Starnes ADDRESS St. Louis