

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

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.

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

PLACE OF DEATH \_\_\_\_\_  
 County \_\_\_\_\_  
 Township \_\_\_\_\_ Registration District No. 791 File No. 34412  
 or  
 Village \_\_\_\_\_ Primary Registration District No. 1008 Registered No. 9084  
 or  
 City St. Louis Mo. (No. 4353 West Pine St. 25 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** William Medart

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** male **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** (Write the word) divorced

**DATE OF BIRTH** May 15th 1845  
 (Month) (Day) (Year)

**AGE** 68 yrs. 4 mos. 24 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

**OCCUPATION**  
 (a) Trade, profession, or particular kind of work Manufacturer's  
 (b) General nature of industry, business, or establishment in which employed (or employer) Pulleys & Foundry

**BIRTHPLACE** (City or town, State or foreign country) Belleville Ills

**PARENTS**

<b>NAME OF FATHER</b>	<u>Philip John Medart</u>
<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country)	<u>Bavaria</u>
<b>MAIDEN NAME OF MOTHER</b>	<u>Catherine Puster</u>
<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country)	<u>Bavaria</u>

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** Oct 9th 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Oct 9th 1913 to Oct 10th 1913, that I last saw him alive on Oct 10th 1913, and that death occurred, on the date stated above, at 10<sup>45</sup> p.m.

The CAUSE OF DEATH\* was as follows:  
Cerebral Embolism  
82 B  
97

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) Arterio Sclerosis  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Waldo Ponggs M. D.  
10/10/13 (Address) Grand & Euclid

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

**LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**  
 At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Wm. F. Mulhall  
 (ADDRESS) 4353 W. Pine

Filed OCT 20 1913 Max Cottarkloff REGISTRAR

**PLACE OF BURIAL OR REMOVAL** Bellefontaine **DATE OF BURIAL** Oct 11 1913

**UNDERTAKER** Wm. F. Mulhall **ADDRESS** Ways Lafayette