

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **City Hosp.**)

File No. **19533**

Registered No. **5490**

St. Ward)

2. FULL NAME

(a) Residence. No. **5-035 Wells** St. **6** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** 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

Rosa Booth

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 2 - 1849

7. AGE

YEARS

82

MONTHS

4

DAYS

7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

prof Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland 15

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14. INFORMANT

(Address)

Hospital of St. Louis City Hosp.

15. FILED

FILED

1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 9th 1931

17.

HEREBY CERTIFY, That I attended deceased from **May 8th, 1931** to **May 9th, 1931**, and that I last saw him alive on **May 8th, 1931**, and that death occurred, on the date stated above, at **9:55 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cardiovascular renal Disease

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) 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? **refused**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. Eschermaier**, M. D.

5/9, 1931 (Address) **City Hosp.**

*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

DATE OF BURIAL

Calvary Cemetery

5/12 1931

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly Undert Co 2039 Wash St

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 PAPER WITH YELLOWING INK—THIS IS A PERMANENT RECORD

Book

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