

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

Do not use this space.

12062

1. PLACE OF DEATH

County..... Registration District No. 782
1004

Township..... Primary Registration District No.

City St. Louis (No. City Hosp)

20 743

2. FULL NAME

(a) Residence. No. 1514 Park St., 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
Registered No. 3317
St. Ward)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (mil) Labor
(b) General nature of industry, business, or establishment in which employed (or employer) odd jobs 2:37
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Bequette

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

12. MAIDEN NAME OF MOTHER Marie Wilder

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

14. INFORMANT Grace Kopp (Address) City Hospital

15. FILED Mar 26 1931 19 W. C. ... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 15th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27th, 1931, to Mar. 15, 1931 that I last saw him alive on Mar. 15th, 1931, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
930
137
CONTRIBUTOR (duration) yrs. mos. ds.
Benign Hypertrophy of
(SECONDARY) Prostate (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph T. Mahan M. D.
3/16, 1931 (Address) City Hosp

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL West Lodge Mo. DATE OF BURIAL Mar 19 1931

20. UNDERTAKER Bauer Und. Co. ADDRESS West Lodge Mo.

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.

