BUREAU OF VITAL, S' CERTIFICATE OF D		•
1. PLACE OF DEATH  County	19DIL	11761
Township Primary Registration District No City St. Louis Ma. (No. 1977)	MONTES I	Registered No. 2992
(a) Residence. No. 25/2 5/2 St., (Usual place of abode)  Length of residence in city or town where death occurred 80 yrs.   mos. de	•	sident give city or town and State) in hirth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS 2	MEDICAL CERTIF	ICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  Male white Widowed 17.	E OF DEATH (MONTH, DAY AND	YEAR) March 8th
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF thet I last	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	That I attended deceased from to Islanch Jack grant 1931.
death occ	rred, on the date stated above, at	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16. 1851.  7. AGE YEARS! MONTHS   DAYS   ILLESS than 1	HE CAUSE OF DEATH* WAS AS	FOLLOWS:
day,bra.	nsome /4	youassins
OO   / CD   or		,
	930	, 
8. OCCUPATION OF DECEASED	930 U	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) Trade, profession, or particular kind of work	1 ./.	uration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	BUTORY Serile	urating) yrs. tues.
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in which employed (or employer).	BUTORY Serile	uration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (c) Name of employer	BUTORY ACADEMIC	ty
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)	BUTORY AND PROPERTY OF THE WAS DEFENDED TO THE	oration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, hasiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER	BUTORY. AND PRESE CONTRACTED OF THE WAS DEPENDED ON THE PROPERTY OF THE PROPER	oration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, hasiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  WAS	BUTORY. (disperse contracted in not attrace of definity and an operation, precede death). These an autopsyl.	oration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, hasiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  WAS	BUTORY.  THE WAS DISEASE CONTRACTED  NOT AT PLACE OF DESTRET.  AN OPERATION PRECEDE DEATHT.  THESE AN AUTOPSYL.  IT TEST CONFIRMED DIAGNOSIST.	oration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, hassiness, or establishment in which employed (or employer)  (c) Name of employer  (c) Name of employer  (STATE OR COUNTRY)  10. NAME OF FATHER  (SYATE OR COUNTRY)  11. BIRTHPLACE (CITY OR TOWN)  (SYATE OR COUNTRY)  (SYATE OR COUNTRY)  4. (SYATE OR COUNTRY)	BUTORY. (disperse contracted in not attrace of definity and an operation, precede death). These an autopsyl.	oration)
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in which employed (or employer)  (c) Name of employer  (c) Name of employer  18. Who  STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  13. BIRTHPLACE OF MOTHER  14. WHO  15. BIRTHPLACE OF MOTHER  16. CITY OR TOWN)  17. CITY OR TOWN)  18. WHO  19. CITY OR TOWN)  19. CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. CITY OR TOWN)  15. CITY OR TOWN)  16. CITY OR TOWN)  17. CITY OR TOWN)  18. WHO  19. CITY OR TOWN)  19. CITY OR TOWN)  19. CITY OR TOWN)  10. CITY OR TOWN)  11. CITY OR TOWN)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	BUTORY.  DERE HAS DESEASE CONTRACTED  NOT ATTLACE OF DESTRET.  AN OPERATION PRICEDE DEATH!  THESE AN AUTOPSY!  TEST CONFIRMED DIAGNOSIS!  (Signed)  19 3 (Address) 33 Content to Disease Causing Deate.	DATE OF DATE OF DESCRIPTION OF IN DESCRIPTION OF INDICATE CAUSING
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  18. Who  19. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  (CITY OR TOWN)  14. WALL  14. BIRTHPLACE OF MOTHER  15. BIRTHPLACE OF MOTHER  (CITY OR TOWN)  16. WALL  17. CANNOT OR COUNTRY)  (COUNTRY)	THEST CONFIRMED DIAGNOSIST.  (Signed).  (Address) 53  (Address) 54  (Add	DATE OF DESCRIPTION OF THE SECRETARY
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. INFORMANT  (STATE OR COUNTRY)  15. MAIDEN NAME OF MOTHER  (STATE OR COUNTRY)  16. MAIDEN NAME OF MOTHER  (STATE OR COUNTRY)  17. MINORMANT  (STATE OR COUNTRY)  18. WHO  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  19. PLA  11. INFORMANT  (A) MAIDEN  19. PLA  19	BUTORY.  THE WAS DEFEASE CONTRACTED  ON ATTRACE OF DESTRET.  AN OPERATION PRECEDE DEATH.  THESE AN AUTOPSYL.  (Signed).  (Signed).  (Signed).  (Signed).  ALL  CE OF BURIAL, CREMATION, C.	DATE OF.  Control  Co
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in (SECO which employed (or employer)  (c) Name of employer  (d) Name of employer  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. INFORMANT  (STATE OR COUNTRY)  17. INFORMANT  (Address)  18. WHO  (STATE OR COUNTRY)  18. WHO  (STATE OR COUNTRY)  19. PLA  (Address)	THEST AN AUTOPSYL.  (Signed).  (Address) 53  (Address) 53  (Address) 53  (Address) 53  (Address) 64  (Address) 65  (Address) 65  (Address) 73  (Address) 74	OR REMOVAL DATE OF BUR.
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, husiness, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  18. Who state or country  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. INFORMANT  14. INFORMANT  15. DIAMAGE  16. OCCUPATION OF DECEASED  24. CONTROLL  17. DIAMAGE  18. WHO  18. WHO  18. WHO  19. PLA  19. PLA  10. NAME OF MOTHER  10. NAME OF MOTHER  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. PLA  16. (Address)  17. PLA  18. WHO  18. WHO  18. WHO  18. WHO  19. PLA  19. PLA  19. PLA  19. PLA	BUTORY.  THE WAS DEFEASE CONTRACTED  ON ATTRACE OF DESTRET.  AN OPERATION PRECEDE DEATH.  THESE AN AUTOPSYL.  (Signed).  (Signed).  (Signed).  (Signed).  ALL  CE OF BURIAL, CREMATION, C.	O COLUMN STEEL SUICIDATE OF BUR

