

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

Do not use this space.

38268

1. PLACE OF DEATH

County.....

Registration District No. ....

791

Towship.....

Primary Registration District No. ....

1003

City St. Louis, Mo. (No. ....)

Sanitarium

File No. ....

10924

Registered No. ....

St. ....

Ward) ....

2. FULL NAME

William Croghan

(a) Residence. No. 4149 Olive

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 33 yrs. + mos. ....

How long in U.S., if of foreign birth? yrs. .... mos. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

April (?) 1865

7. AGE

about 62

YEARS

MONTHS

8

DAYS

?

If LESS than 1 day, .... hrs. .... min.

8. OCCUPATION OF DECEASED

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

Laborer

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

Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Chicago

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Chicago

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

(Address).....

William T. Gentile M.D.

5300 Arsenal St.

15.

FILED

19.....

May 6 Starke off

REGISTRAR

9 MEDICAL CERTIFICATE OF DEATH

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

Dec 5 19 27

17.

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1924, to Dec 4, 1927, that I last saw alive on Dec 4, 1927, and that death occurred, on the date stated above, at 8:45 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho pneumonia

954/1015

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis

(duration) — yrs. — mos. 20 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.

WHAT TEST CONFIRMED DIAGNOSIS.....

Clinical

(Signed).....

William T. Gentile, M.D.

12/5, 1927 (Address) 5300 Arsenal St.

\*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

Crematory

Dec 7 19 27

20. UNDERTAKER

ADDRESS

M. P. Collins

9287 Grand

