

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

37970

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1008
 City St. Louis (No.) St. Ward)

File No.
 Registered No. 10681

2. FULL NAME

(a) Residence. No. 2101 Middle St. St. K Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mathan Barg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1870

7. AGE 45 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer

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

10. NAME OF FATHER Jacob Papper

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

12. MAIDEN NAME OF MOTHER Anna M. Papper

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

14. INFORMANT Mathan Papper
 (Address) 2101 Middle

15. FILED May 6 1919 Startoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1919

17. I HEREBY CERTIFY That I attended deceased from Dec 16 1919, to Dec 23 1919 that I last saw h. or alive on Dec 22 1919, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

108 (duration) yrs. mos. 7 ds.
112 WNY

CONTRIBUTORY (SECONDARY) Chronic asthma
 (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Wound cells
 (Signed) John C. Brown, M. D.
 , 19 (Address) 294 5th Franklin

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis DATE OF BURIAL 12/23 1919

20. UNDERTAKER Isaac Wood Co ADDRESS 405 W. Euclid

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.

