WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NB.—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.

3170

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3524 S. Compton Avenue St. ..... Ward)

File No. 767

Registered No. 1

2. FULL NAME Martha Laufer.

(a) Residence. No. 3524 S. Compton Avenue St. 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Laufer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12. 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	5	8	

8. OCCUPATION OF DECEASED

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

(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) Germany

PARENTS

10. NAME OF FATHER Fred. Koste.

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Geo H Laufer
(Address) 3524 S. Compton Avenue.

15. FILED JAN 22 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 120

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 20th 1927

17. I HEREBY CERTIFY, That I attended deceased from Jany 4th, 1927, to Jany 20th, 1927 that I last saw her alive on January 26, 1929, and that death occurred, on the date stated above, at 8 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Breast (Right)

50 47
53 4
53 4
53 6

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Metastasizing Crisommatosis to Spine & Scapula (duration) ..... yrs. 7 mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 1926

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) A H Hamel, M. D

Jan 21st 1927 (Address) 1460 So Grand av

*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
SS. Peter & Paul Cemetery	Jan. 24 1927
20. UNDERTAKER J H Gibbons Land N. Co	ADDRESS 2842 Meramec