

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

Do not use this space.

19903

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 3847 Wyoming St.)

File No.....

Registered No. 5659

St. Ward)

2. FULL NAME

Mollie E. Wilborn

(a) Residence. No. 3847 Wyoming St., 16 Ward.

(If nonresident give city or town and State)

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

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

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

Feb. 2-1886

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>41</u> | <u>4</u> | <u>16</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
 (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) St. Louis Mo.

10. NAME OF FATHER

Benhard Neuburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Louise Benne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT

Thomas B. Wilborn

(Address) 3847 Wyoming St.

15. FILED

JUN 19 1927

Max C. Starker
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 18- 1927

17.

I HEREBY CERTIFY, That I attended deceased from June 17, 1927, to June 18, 1927.

That I last saw him alive on June 17, 1927, and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY)

74 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

6/18 (Signed) Edw. Chew, M. D.

, 1927 (Address) 1807 S. 18

*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

Calvary Cem. June 21 1927

20. UNDERTAKER

ADDRESS

Zieglerheim B. Co. 2623 Shepherd

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.

NETT WITH CONTAINING INK—THIS IS A PERMANENT RECORD

