

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

Do not use this space.

22770

1. PLACE OF DEATH

County..... Registration District No. 701 File No.
 Township..... Primary Registration District No. 1803 Registered No. 6430
 City St. Louis (No. Mo. Baptist Sanitarium Ward)

2. FULL NAME

(a) Residence. No. 4135 Prairie Ave. St. 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 John W. Miller
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 5

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) Hermany
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER August Kuppelmeier
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hermany
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Matilda Friday
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prattville
 (STATE OR COUNTRY) Mo.

14. INFORMANT John W. Miller
 (Address) 4135 Prairie Ave.

15. FILED 1-1-1927 Max C. Starrett
 19... REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927
 17. I HEREBY CERTIFY, That I attended deceased from July 7
 1927, to July 13 1927
 that I last saw her alive on July 13 1927, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Appendicitis
 (duration) 1 yrs. 9 mos. ds.
 CONTRIBUTORY (SECONDARY) Acute Peritonitis
 (duration) 1 yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 11703
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-7-27
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Chronic autopsies
 (Signed) John W. McDonald, M. D.
 , 19 27 (Address) 3529 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.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hermany, Mo. DATE OF BURIAL July 15 1927
 20. UNDERTAKER Math. Hermany and Son ADDRESS 4103 W. Florissant Ave.

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.

