

FEB 23 1928

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

Do not use this space.

2462

1. PLACE OF DEATH

County St. Louis  
Township CARONDELET  
City MT. SAINT ROSE SANATORIUM

Registration District No. 1123  
Primary Registration District No. 6248 E

File No. \_\_\_\_\_  
Registered No. 17 Ward

2. FULL NAME

(a) Residence No. 3859 McKee Ave. 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. da. 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 Philip Laeger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 ✓ 4 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William J. Smith

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

12. MAIDEN NAME OF MOTHER Elizabeth Berkner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records  
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Jan. 16 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1927, to Jan. 16, 1928, that I last saw h. or alive on Jan. 16, 1928, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS  
CHRONIC PULMONARY TUBERCULOSIS  
2.3 A (duration) not known to me yrs. mos. da.

CONTRIBUTORY (SECONDARY) none (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED not known to me  
(IF NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum  
(Signed) Marion Schlenker M. D.  
(Address) 3515 S. Grand St. St. Louis

\*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

Valhalla Cemetery Jan. 19 1928

20. UNDERTAKER ADDRESS

Cullman Bros 1710 N. Grand

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.

