

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

Do not use this space.

2723

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 1 293

City St. Louis (No. 6238 Berthold av) St. .... Ward) .....

**2. FULL NAME**

Doris Dudenbastel

(a) Residence. No. 6238 Berthold av, St. 4 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 Louis C. Dudenbastel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26<sup>th</sup> 1856

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
77 6 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework 82<sup>yr</sup>  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home 97  
 (c) Name of employer

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

10. NAME OF FATHER Henry Knoke

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

12. MAIDEN NAME OF MOTHER Paula Knoke

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

14. INFORMANT Henry Knoke  
 (Address) 6238 Berthold av

15. JAN - 9 1928 May 6 Starbess  
 FILED REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from 3<sup>rd</sup> 1928, to January 7<sup>th</sup> 1928 that I last saw her alive on July 7<sup>th</sup> 1928, and that death occurred, on the date stated above, at 12:50 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
(Cerebral Hemorrhage)

74 yr (duration) yrs. mos. ds.

CONTRIBUTORY arteriosclerosis  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.  
 (Signed) R. P. Bennett Murphy, M. D.  
Jan 8, 1928 (Address) 6120 Victoria 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 New St. Marcus Cemetery DATE OF BURIAL 1-10 1928

20. UNDERTAKER Kriegerhauser H. C. ADDRESS 4104 Massachusetts av

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.

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