

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

Do not use this space.

6587

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Register No. **1531**

City..... *St. Louis* (No. *St. Johns Hospital*)

St. Ward)

2. FULL NAME

(a) Residence. No. *1104 17th or 18th St. Mo.* Ward. *St. Louis Co. Mo.*

(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 *Geo A Haberstick*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 25 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *57 11 11*

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) *938* (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Springer*

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

12. MAIDEN NAME OF MOTHER *" "*

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

14. INFORMANT (Address) *Geo A Haberstick 1104 17th or 18th St. Mo.*

15. FILED **FEB 10 1928** REGISTRAR *Arthur J. O'Connell*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *February 9, 1928.*

17. I HEREBY CERTIFY, That I attended deceased from *Jan. 21, 1928*, to *Feb. 9, 1928* that I last saw her alive on *Feb. 9, 1928*, and that death occurred, on the date stated above, at *4 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: *Acute parenchymatous nephritis with uraemic poisoning and acute myocarditis* (duration) yrs. mos. *3* ds.

CONTRIBUTORY (SECONDARY) *Panhypertectomy for carcinoma of cervix uteri Feb. 6, 1928.* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. *See contributory above.* DATE OF OPERATION PRECEDE DEATH.

19. WHAT TEST CONFIRMED DIAGNOSIS? *urine analyses and blood exams* (Signed) *Tercy H. Swabbers*, M. D.

2/10, 1928 (Address) *Metropolitan Bldg, 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 *Calvary* DATE OF BURIAL *2-11 1928*

20. UNDERTAKER *Arthur J. O'Connell* ADDRESS *2039 Wash St*

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.

10a Sivabalan

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