

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

Do not use this space.

6940

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.
Registered No. 1904
St. Ward)

2. FULL NAME

(a) Residence. No. 914 Maple St. 248 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 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 (circle the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Kautz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 3 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory
(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) Missouri

10. NAME OF FATHER Patrick Rodom

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

12. MAIDEN NAME OF MOTHER Louise LaRue

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

14. INFORMANT (Address) City Hospital

15. FILED 21 1928 Mar 6 10 40 AM Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 17, 1928, to Feb 20, 1928, that I last saw h..... alive on Feb 20, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic abortion
1250 Bacterium - streptococcus
38 (Self induced)
(duration) 7 1/2 mos. ds.

CONTRIBUTORY (SECONDARY) 146 (duration) 7 1/2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Robert H. Simpson, M. D.
20, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in death, 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 at Marcus DATE OF BURIAL 2-22 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Maple St

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.

Houtz.