

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

Do not use this space.

10703

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City No. 1003**)

File No.

Registered No. **2514**

St. Ward)

2. FULL NAME

(a) Residence. No. **1802nd St. 11** St. **13** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **46** 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)

widowed

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

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

Feb 10 - 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
68	0	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Amusements**
 (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) **Germany**

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER

Not known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Not known**

14.

INFORMANT **E. Remy**
 (Address) **City No. 1003**

15.

FILED **1923** **May 6** **St. Louis**
 19. **1923** **May 6** **St. Louis**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 5 1928**

17. I HEREBY CERTIFY That I attended deceased from **March 1 1928**, to **March 5 1928** that I last saw h. **alive on March 5, 1928** and that death occurred, on the date stated above, at **6:45 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leban Heart Disease

CONTRIBUTORY (SECONDARY)

108 10/10 (duration) yrs. 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 J. ...**, M. D.
3/6 1928 (Address) **City No. 1003**

*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

St. Trinity Lutheran 3-7-1928

20. UNDERTAKER

ADDRESS

Ziegenbein Bros. 2623 Cherokee

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.

RECORDING INFORMATION IS A PERMANENT RECORD

Winters