

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

Do not use this space.

10708

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.* (No. *2537*) *Madison St.*

Registration District No. *791*
Primary Registration District No. *1903*

File No.....
Registered No. *2519*
St. Ward)

2. FULL NAME

Carrie Vonderbruegge

(a) Residence. No. *2537* *Madison St.*, *20* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 5 - 1857*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>70</i>	<i>8</i>	<i>29</i>	

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) *Ills.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Henry Vonderbruegge*

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

12. MAIDEN NAME OF MOTHER *Don't know.*

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

14. INFORMANT *Herman Vonderbruegge*
(Address) *2537 Madison St.*

15. FILED *MAR - 6 1928*
19 *Mar 6 Starckoff*
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 4 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 15 1928*, to *March 4 1928* that I last saw her alive on *Mar 4 1928*, and that death occurred, on the date stated above, at *7:30 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho pneumonia
11A
107A

CONTRIBUTORY (SECONDARY)

La Grippe
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY.

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) *O. G. Gibson*, M. D.

3/6, 1928 (Address) *St. Louis Mo.*

*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. Johns North *Mar 7 1928*

20. UNDERTAKER

Wm Leidner Und Co. St. Market

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.

THIS IS A PERMANENT RECORD

