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

Do not use this space.

10807

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2627

City St Louis (No. 5478 Queens Ave St. ..... Ward)

2. FULL NAME Genevieve Mumbower

(a) Residence. No. 3447 Geraldine St., 7 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: Homer Mumbower

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 30 1895

7. AGE: 32 YEARS | MONTHS: 10 | DAYS: 7 | IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Peter H Spilker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Wissman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo

14. INFORMANT: Homer Mumbower
(Address) 5478 Queens Ave

15. FILED MAR 9 1928 Mae C Starnsoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1927, to March 7, 1928 that I last saw her alive on March 6 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
25 Pulmonary Tuberculosis
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Tubercular Enteritis
(duration) yrs. 2 mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3447 Geraldine

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscope + Xray

(Signed) Geo B Kroeger, M. D

3/7, 1928 (Address) 3442 Geraldine 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: Valhalla Cemetery | DATE OF BURIAL: Mar. 9, 1928

20. UNDERTAKER: Drehmann Harral | ADDRESS: 1905 Union

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.

3442 Geraldine Ave
8 - 1 AM
2 - 4 PM