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.

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

Do not use this space.

11558

1. PLACE OF DEATH

County.....

Township.....

City St Louis (No. Lutheran Hospital St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1002

File No. .....

Registered No. 3404

2. FULL NAME Lilly Harpke

(a) Residence. No. 4762 Labadie St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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) Aug 30th 1880

7. AGE: Years 45 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Milliner

(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): St Louis

PARENTS

10. NAME OF FATHER: Wm Harpke

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

12. MAIDEN NAME OF MOTHER: Catherine Flynn

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

14. INFORMANT: William Harpke
(Address) 4762 Labadie

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-8-28, 19.., to 3-23-28, 19.., that I last saw her alive on 3-23-28, 19.., and that death occurred, on the date stated above, at 11 50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Malignancy (Sarcoma) of Cecum

46C 45 (duration) ..... yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Home

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3-21-28

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? Operative & Autopsy

(Signed) Theo. H. Hauser, M. D

3/24, 1928 (Address) 3651 Delmar

*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: 3-27 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash

Wo Hauser
3651 [illegible]