

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

Do not use this space.

15164
~~14897~~

File No. _____
Registered No. **4089**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **6900** **Marquette Ave**)

2. FULL NAME

Elizabeth Kuebrich
(a) Residence. No. **7059 Oleatha Ave** St. **4** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 William Kuebrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 0 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Waterloo, Ills.
(STATE OR COUNTRY)

10. NAME OF FATHER Phillip Goebel

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

12. MAIDEN NAME OF MOTHER Louise Bluhm

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

14. INFORMANT William Kuebrich
(Address) 7059 Oleatha Ave

15. FILED 1-1-1928 **Mar. C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Apr 12 1928
17. _____

I HEREBY CERTIFY, That I attended deceased from _____ August 1st, 1917, to April 12th, 1928, that I last saw him alive on April 11th, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Urinary Bladder + Prostate
(duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 460
(duration) yrs. mos. da. 53 B

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH.

3 **DID AN OPERATION PRECEDE DEATH?** Yes DATE OF 1924

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Specimen
(Signed) Edwin J. Strubill, M. D.

4/13, 1928 (Address) 4123 Marquette Ave

*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 New St. Marcus
DATE OF BURIAL Apr 14 1928

20. UNDERTAKER Wacker-Helders
ADDRESS 2331 S. Blong

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.

