

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

Do not use this space.
15357

15090

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2901**) **Chouteau a** St. _____ Ward)

File No. _____
 Registered No. **4291**

2. FULL NAME

Louise Ban
 (a) Residence. No. **2908 Chouteau** St., **2nd** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **30** yrs. mos. da. How long in U.S., if of foreign birth? **30** yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Zora Ban**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **about 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
43

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

9. BIRTHPLACE (CITY OR TOWN) **Austria**
 (STATE OR COUNTRY)

10. NAME OF FATHER **George Ban**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Zora Ban**
 (Address) **2908 Chouteau a**

15. FILED **PR 20 1928** **Louise C Standiff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4 - 9 19 28**

17. I HEREBY CERTIFY That I attended deceased from **Dec 28 1927** to **April 28 1928**
 that I last saw him alive on **April 19 1928**, and that death occurred, on the date stated above, at **6 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of the Liver
(Alcoholic)
12 2 2
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **Cardiac in suffering**
 (SECONDARY) (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?
April 19 28 (Signed) **Otto C. Hauer** M. D.
 address) **2910 Chouteau**

*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 **St Peter & Paul** DATE OF BURIAL **April 21 1928**

20. UNDERTAKER **Mrs Mayall** ADDRESS **1936 Allen St**

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.

2910 01-11-11