

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

Do not use this space.

15494
15225

1. PLACE OF DEATH

County..... Registration District No. **7911**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **29212** **Heckub**)

File No.
 Registered No. **4485**
 St. Ward)

2. FULL NAME

(a) Residence. No. **29212** **Heckub** St., **24** 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 1 - 1886**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
71	8	21		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**
 (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) **Germany**

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Alpha Stumpf**
29212 Heckub St.

15. FILED **APR 21 1928** **Max C. Starkopf** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 22 1928**

17. I HEREBY CERTIFY That I attended deceased from **March 18**, 19**28**, to **Apr 22**, 19**28** that I last saw her alive on **Apr 21**, 19**28**, and that death occurred, on the date stated above, at **2:50 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of l. breast

50 (duration) **1** yrs. **3** mos. **?** da.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Phys Exam**
 (Signed) **W. W. Wagelbach**, M. D.
4/22 1928 (Address) **4738 Gravois**

*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. Pauls Churchyard** DATE OF BURIAL **4-26-1928.**

20. UNDERTAKER **Ziegenheim Bros. 2643 Lakeview**

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.

