

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.

1. PLACE OF DEATH

County.....

Registration District No.....

791

1008

Township.....

Primary Registration District No.....

City.....

(No. 4378) Lindell

File No.....

21822

Registered No.....

5932

St. Ward)

2. FULL NAME

(a) Residence. No..... St., 19 Ward.

(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.

New York City
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Salomon Sturm

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

Feb 10 1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

53

3

21

8. OCCUPATION OF DECEASED

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

at home

(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)

Austria

10. NAME OF FATHER

Charles Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Austria

12. MAIDEN NAME OF MOTHER

Rose (unk)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Austria

14.

INFORMANT

(Address)

Mrs. Rose Morris
4378 Lindell

15.

FILED

NOV - 2 1928

Wm C. Tarkenton

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 1 1928

17.

I HEREBY CERTIFY, That I attended deceased from

5 - 31 - 1928, to 6 - 1 - 1928

that I last saw him alive on 5 - 31 - 1928, and that death occurred, on the date stated above, at 6 - 1 - 1928.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1666

Carcinoma colon

(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

45

(duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF: Feb 1928 in N.Y.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Nelson J. Hawley, M.D.

6/1, 1928 (Address) 5321 Eastern 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

DATE OF BURIAL

Bnai Amoma

6/4 1928

20. UNDERTAKER

H.B. Berger

ADDRESS

4715 Madison

