

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.

22039

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis*(No. *6243 Magnolia*)

File No.

Registered No. 6206

St. Ward)

2. FULL NAME

(a) Residence. No. *6243 Magnolia* St. *3* 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)

Widow

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

*Widow*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 2 - 1841*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

*86**9**5*

8. OCCUPATION OF DECEASED

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

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(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)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

J. P. Rando
6243 Magnolia Ave

15.

FILED

JUN - 9 1928
Max C. Starnen

MEDICAL CERTIFICATE OF DEATH

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

June 7 1928

17.

I HEREBY CERTIFY, That I attended deceased from

June 7 1928

1928, to June 7, 1928
(that I last saw her alive on June 7, 1928, and that death occurred on the date stated above, at P.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Aortic Insufficiency

CONTRIBUTORY

(SECONDARY)

Arterial Sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Henry L. Field, M. D.

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(Address) *6825 Seaman 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

*Old St. Marcus**June 9 1928*

20. UNDERTAKER

ADDRESS

Amhurst Ind Co
4234
Wendover

