

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 4003

File No. 22100
Registered No. 6274
Ward.....

2. FULL NAME

(a) Residence. No. 6140 Wilson St. 13 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 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 Joseph Schreffpfeustede

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1858

7. AGE YEARS 70 MONTHS 4 DAYS 20 IF LESS than 1 day, hrs. or min.

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) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Joseph Schreffpfeustede
(Address) 6140 Wilson Ave

15. FILED JUN 12 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/10/28 19

17. I HEREBY CERTIFY, That I attended deceased from 5-31-28, 19... to 6-10-28, 19... that I last saw h. alive on 6-10-28, 19... and that death occurred, on the date stated above, at 12:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

460 Myocarditis. Chronic
533
77 (duration) yrs. mos. da.

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

Carcinoma of the Rectum

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy.

(Signed) J. Mark J. M.D.

, 19 (Address) 1536 Papin St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Galvany

June 13 28

20. UNDERTAKER

ADDRESS

Shook & Connel

4600
Bridge

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.

