

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.

22412

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis Mo.*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *Lutheran Hosp.*)

File No.
Registered No. *6604*
St. Ward)

2. FULL NAME

(a) Residence. No. *14064 Potomac* St. *16* Ward.

(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) *Feb. 4 - 1874*

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 17

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 *Carl Lauer* (Address) *4084 Potomac*

15. FILED *23 1928* *May Estarkey* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 21 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 15 1928*, to *June 21 1928*.
that I last saw him alive on *June 20 1928*, and that death occurred, on the date stated above, at *7:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock due to operation following a incarcerated Hernia

CONTRIBUTORY (SECONDARY) *1184*

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.....

(Signed) *Norman S. Mettch*, M. D.
6/22, 1928 (Address) *977 Acadia Bldg*

*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 *Sunset Burial Ph.* DATE OF BURIAL *6-23-1928*

20. UNDERTAKER *Ziegler Bros 2623 Cherokee St.* ADDRESS

