

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.....

Township.....

Primary Registration District No.....

City *St. Louis Mo*No. *1502* *Monroe St*

File No.....

Registered No.....

St. Ward)

2. FULL NAME(a) Residence. No. *1502* *Monroe St.*

(Usual place of abode)

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)***Single***5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)***June 24 - 1928***7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, *16* hrs. or *16* min.**8. OCCUPATION OF DECEASED**

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

(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)

*St. Louis Mo.***10. NAME OF FATHER***Fred Toettcher***11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Missouri***12. MAIDEN NAME OF MOTHER***Janette Owens***13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ind.***14.**

INFORMANT

(Address)

Fred Toettcher
1502 *Monroe St.***15.**

FILED

26 *1928* *Wm C Starker*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)***June 24 1928***17.**

I HEREBY CERTIFY That I attended deceased from

6/24 *1928*, to *6/24* *1928*,
that I last saw *her* alive on *6/24* *1928*, and that death occurred, on the date stated above, at *4 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Emphysema Bronch***CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. H. Thompson, M. D.
6/25, 1928 (Address) *3108 Levee*

*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

*St. Peters**June 26 1928***20. UNDERTAKER**

ADDRESS

Wm Leidner Und Co N. Market St
1417

