

**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
1003**

File No.....

25284

Township.....

Primary Registration District No.....

Registered No.....

7085

City.....

(No. *City Hospital*)

St. Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

*Christine Kelly
7152 Wellington Court #1*

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *66* yrs. mos.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female

White

Married

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Aug 16 1861

66 10 20

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

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Morris

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bernhard Batton

Germany

Catherine Gied

Germany

14.

INFORMANT

(Address)

15.

FILED.....

19.....

*City Hospital Inf. Mat. Serv.
City Hospital
JUL 27 1928
W. C. ...
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from *June 27 1928* to *July 6 1928*, and that I last saw him alive on *July 6 1928*, and that death occurred, on the date stated above, at *11:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Cerebral Hemorrhage
Apoplexy
1928*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical, autopsy*

(Signed) *Edward ...*

7/6, 1928 (Address) *City Hospital*

*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. Matthews Cem

7/9 1928

20. UNDERTAKER

ADDRESS

Ziegenhain Bros 2623 Cherokee St

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.

Strategy