

**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. 7011

Township.....

Primary Registration District No. 1002

City St. Louis

(No. City Wepfield)

File No. 25341

Registered No. 7147

St. _____

(Ward)

2. FULL NAME

(a) Residence. No. 2964 Madison St., 6 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

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

May 18 - 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

44

1

12

8. OCCUPATION OF DECEASED

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

Seaman

(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)

Kentucky

10. NAME OF FATHER

Hubmann

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)

14. INFORMANT

(Address)

City Wepfield

15. FILED

11 - 9 1928

Max C. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 7 1928

17. I HEREBY CERTIFY That I attended deceased from July 3, 1928 to July 6, 1928 that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 6:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured gangrenous appendicitis
1919
(operation)

CONTRIBUTORY (SECONDARY)

1170

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? /

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry C. Westermass, M. D.

7/7 1928 (Address) City Wepfield

*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 Cemetery

July 10 1928

20. UNDERTAKER

Harry Hskemeier

ADDRESS

595 Vernon

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.

PREVIOUS RECORD

Nichols