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.

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

Do not use this space.

25485

1. PLACE OF DEATH

County ..... Registration District No. 7 [illegible]

Township ..... Primary Registration District No. [illegible]

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

File No. ..... Registered No. 7299

2. FULL NAME Florence Atteln.

(a) Residence. No. 4139 Pennsylvania Avenue 15 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3 .1914.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	6	9	

8. OCCUPATION OF DECEASED

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

(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.,

PARENTS

10. NAME OF FATHER Clemens M. Atteln

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

12. MAIDEN NAME OF MOTHER Amelia Winkler.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Athens, Ills.

14. INFORMANT Clemens M. Atteln
(Address) 4139 Pennsylvania Ave.

15. FILED JUL 13 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 7/12

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/12/ 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/10/ 1928, to 7/12/ 1928 that I last saw her alive on 7/12/ 1928, and that death occurred, on the date stated above, at 3:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis

Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 11B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/11/28.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) [illegible], M. D

7/12/ 1928 (Address) 3958 S. Broad Bl

*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
SS. Peter & Paul Cemetery	July 14 1928

20. UNDERTAKER	ADDRESS
J H Gibson L & H Co	2842 Meramec