SEP 27 1928

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

Do not use this space.

28276

1. PLACE OF DEATH

County: St Louis — Registration District No. 757

Township: — Primary Registration District No. 3032

City: St Louis (No. 515, South Main St., Ward)

File No.: — Registered No. 179

2. FULL NAME Olga Cecelia

(a) Residence. No. 515 S. Main St., 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) Sept 12 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Edwardsville (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Miles D. Culp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marietta (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Ivonne Eckelmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

14. INFORMANT Miles D. Culp (Address) 515 S. Main St

15. FILED 8/29, 1928 Ag. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to, 19.., that I last saw her alive on August 27, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Septicemia following a criminal abortion - (Could get no written statement from patient of Physician who performed the)

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) 17 45 P 36 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 179

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF About July 13 or 15

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab exam.

(Signed) B. Gene Gossow, M. D.

Aug 27, 1928. (Address) 600 Clay St St Charles Mo

*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 Johns Cemetery	Aug 29 1928
20. UNDERTAKER	**ADDRESS**
H Deckemeyer & Sons Co	8008 N. Broadway

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.

PERMANENT RECORD