

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**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **St. Anthony**)

File No. **28565**

Registered No. **8011**

St. Ward)

2. FULL NAME

(a) Residence. No. **Biehle Mo. St. 16** Ward. **Biehle Mo.**
(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** **Mar.**

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Married**
Les.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 18-1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 **9** **18**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House-wife**
(b) General nature of industry, business, or establishment in which employed (or employer) **At home**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Apple Creek, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Tony Schott**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **unknown**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Ponder**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **unknown**
(STATE OR COUNTRY)

14. INFORMANT **Am. Anselm**
(Address) **Biehle Mo.**

15. **ALIG - 6 1023** **May C. Stanley**
FILED (19) REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **8-6-1928**

17. I HEREBY CERTIFY, That I attended deceased from **8-1-28** to **8-6-28**, 1928, and that I last saw her alive on **8-5-28**, 1928, and that death occurred, on the date stated above, at **4:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Barbituric (septicemia)
left side of head
57 (duration) yrs. mos. **6** ds.

CONTRIBUTORY (SECONDARY) **diabetic mell.** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **8-2-28**

2. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Physical. Laboratory. Clin.**
(Signed) **W. Walters**, M. D.
8-6-1928 (Address) **3608 S 2d**

*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 **Biehle Mo. St. Mary's Mo.** DATE OF BURIAL **8-7-1928**

20. UNDERTAKER **Petty Bros 3029 Lafayette** ADDRESS

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

