

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

Do not use this space.

35168

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Report**)

File No.

Registered No. **10151**

St. Ward)

2. FULL NAME

(a) Residence, No. **6722 N Vandeventer** St.,
(Usual place of abode)

Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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)

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
32	-	10	-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) **35 75**
(c) Name of employer **36**

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis Missouri

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis Missouri

14.

INFORMANT **E. K. ...**
(Address) **City Report**

15.

FILED **1016 1923** **Maub Starkeoff**
19. **23** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 13 1928

17.

I HEREBY CERTIFY That I attended deceased from **Aug 28**, 1928, to **Oct 13**, 1928, that I last saw him alive on **Oct 13**, 1928, and that death occurred, on the date stated above, at **8:50 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Ch. Alcoholism - Polyneuritis
Fulsh. organ
Possible Septicaemia (organism not identified)
determined - Staphylococcus**

CONTRIBUTORY (SECONDARY)

No. Endocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

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

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **R. Berg**, M. D.
107 (Address) **City Report**

*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

New Picken **Oct 16 1928**

20. UNDERTAKER

ADDRESS

Maub Starkeoff **2331 So Bidway**

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.

WRITE PLAINLY, WITH OUPSIDING MARGINS

Stamberg