

**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** File No. **35226**
 Township..... Primary Registration District No. **1093** Registered No. **10212**
 City **St. Louis Mo.** (No. **St. Anthony Hosp**) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **St. Genevieve** St. **St. Genevieve Mo.** Ward. **4**
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **4** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>(write the word)</i> <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Frank. Caulerberg</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Dec 5, 1898</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>29</i>	<i>10</i>	<i>19</i>	<i>19</i>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <i>House Wife</i>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <i>St. Genevieve</i>				
(STATE OR COUNTRY) <i>St. Genevieve Mo.</i>				
10. NAME OF FATHER <i>Steven Roth</i>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>St. Genevieve</i>				
(STATE OR COUNTRY)				
12. MAIDEN NAME OF MOTHER <i>Elizabeth Drapp</i>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>St. Genevieve</i>				
(STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 16* 19 *28*

17. I HEREBY CERTIFY That I attended deceased from *Oct 10* 19 *28* to *Oct 16* 19 *28* that I last saw h *or* alive on *Oct 15* 19 *28*, and that death occurred, on the date stated above, at *8 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
121B
Card supported by post
 (duration) yrs. mos. da. *6*

CONTRIBUTORY (SECONDARY) *117B*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH DATE OF *Oct 11-28*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Pat Findings*
Mohr's Process
 (Signed) _____, M. D.
10/16, 1928 (Address) *506 Olive*

*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 *St. Genevieve Mo* **DATE OF BURIAL** *10-18-28*

20. UNDERTAKER *Basler Und Co.* **ADDRESS** *St. Genevieve Mo.*

14. INFORMANT *Mr. Basler*
 (Address) *St. Genevieve, Mo.*

15. FILED *Oct 17 1928* *Maule Starloff*
 REGISTER

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 UNFADING INK—THIS IS A PERMANENT RECORD

