

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

Do not use this space.

38520

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **1003**

Township.....

Primary Registration District No. **11139**

Registered No. **11139**

City St. Louis Mo. (No. 2021 S Grand Blvd St. 17 Ward)

2. FULL NAME

(a) Residence. No. 17 St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 3 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN) Patuxent
(STATE OR COUNTRY) New York

10. NAME OF FATHER Unknown Wagner

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ella A. Tucker
(Address) 2021 S. Grand Blvd

15. FILED NOV 15 1928 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 8 1928, to Nov 14 1928, that I last saw h. SA alive on Nov 13 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis
97
170 B
9/13
(duration) yrs. mos. ds. 6
CONTRIBUTORY Arterio-sclerosis
(SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Theo W. Engelmann, M. D.

11/14, 1928 (Address) 5043 Vernon

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MARKS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine Cemetery Nov 16 1928

20. UNDERTAKER Mr. J. Robert ADDRESS 1905 S Grand Blvd

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.

