

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

Do not use this space.

38676

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township St. Louis Primary Registration District No. 1008 Registered No. 11303
 City St. Louis (No. 3334 N. + Laramie Ave. St. Ward)

2. FULL NAME

(a) Residence. No. 5950 Romaine pl. Apt. 5 Ward. 0
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 2

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) 183
184
85
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Lawrence Gudiswitz

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

12. MAIDEN NAME OF MOTHER Anna Melniak

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

14. INFORMANT Lawrence Gudiswitz
 (Address) 5950 Romaine pl.

15. FILED Nov 25 1928 Max Estlander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17, 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw her alive on 19....., and that death occurred, on the date stated above, at 2.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Growning due to
falling into Bath Tub
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) epilepsy
Accident (cause)

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) D. White M. D.

1911, 1928 (Address) Coroner
 *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 Calvary Cem. DATE OF BURIAL Nov. 21 1928.

20. UNDERTAKER Geo. W. Clark ADDRESS 1175
Nodismond

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.

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