

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

Do not use this space.

43334

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 4956 Staska Ave)..... St. Ward

File No.
 Registered No. 12644
 St. Ward

2. FULL NAME

Blanche Bice
 (a) Residence. No. 4956 Staska Ave St. 14 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 39 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF John Bice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 years 6 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER George Wablfarth
 11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Margaret Kohr
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo

14. INFORMANT Miss A. Wablfarth
 (Address) 4956 Staska Ave

15. FILED 26 1928 May C. Fowler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Dec 24, 1928 (that I last saw h.er... alive on Dec 23, 1928, and that death occurred, on the date stated above, at 5:15 AM m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1275
179 Peritonitis, following Cholecystectomy
 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
operation for cholecystitis
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 15, 1928
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. Upshaw M. D.
Dec 26, 1928 (Address) 3115 So Grand

*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 Zion Cemetery DATE OF BURIAL 12/27/1928

20. UNDERTAKER Freyshauer Mnd Co ADDRESS 4228 S. Kingshighway

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.

