

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

Do not use this space.

1555

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis (No. Grass Home)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 1418
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. Herman mo St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 7 11 12 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER William Z Staudte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany -
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Pegina Bolter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Henry Brendel
(Address) Herman mo

15. FILED 1-12-29 IN St. Louis asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1929

I HEREBY CERTIFY that I attended deceased from Jan 7 1929, to Jan 12 1929, and that I last saw her alive on Jan 11 1929, and that death occurred on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Poisoning from Januvia
(duration) yrs. mos. da. 2 mos. 4 da.
CONTRIBUTORY (SECONDARY) Missignat
(duration) yrs. mos. da. 9

18. WHERE WAS DISEASE CONTRACTED Herman mo
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CERTIFIED DISEASE? Chinest + Lab
(Signed) Helena Zander, M. D.
1/12, 1929 (Address) St. Louis

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herman mo DATE OF BURIAL Jan 14 1929

20. UNDERTAKER Rose + Henderson ADDRESS 15th Jackson

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

