

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

Do not use this space.

2956

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **4053 Shenadoe**)

File No.....
Registered No. **568**
St..... Ward

2. FULL NAME

(a) Residence. No. **4053 Shenadoe** (St.) **17** Ward.
(Usual place of abode)
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 <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Edward Pyper</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 4 - 1877</i> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <i>51</i> | <i>10</i> | <i>7</i> | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Nursewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 11 1929*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on of *24* 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
*Pulmonary tuberculosis
Lung Abscesses
23A*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *31*
(duration) yrs. mos. ds.

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

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

10. NAME OF FATHER *James Wenger*

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

12. MAIDEN NAME OF MOTHER *Lucretia Barnes*

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

DID AN OPERATION PRECEDE DEATH? *8* DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *John Harley*
1/12/29 (Address) *Deputy 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.

14. INFORMANT *Edward Pyper*
(Address) *4053 Shenadoe*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Local No.* DATE OF BURIAL *Jan 14 1928*

15. FILED *JAN 12 1929*
19..... REGISTRAR *Shirley Pennel Ser. 4355 Wash St.*

20. UNDERTAKER *Shirley Pennel Ser. 4355 Wash St.* ADDRESS

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.

Mr.

James