

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

Do not use this space.

4142

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. 2258 Cass Ave)

File No.....
Registered No. 765
St..... Ward.....

2. FULL NAME

(a) Residence. No. 2258 Cass Ave 21 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife Bernard Epelboetter</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 6, 1852</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>76</u>	<u>10</u>	<u>8</u>	<u>8</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home</u> (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 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1928, to January 13, 1929 that I last saw h. alive on January 13, 1929, and that death occurred, on the date stated above, at 11:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
131
93A
(duration) Unknown
CONTRIBUTORY (SECONDARY) Chronic Hepatitis
(duration) Unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual Signs
(Signed) Robert L. Foster M. D.
. 19 (Address) 3936 Lindell Blvd.

*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.

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT.....
(Address) Mrs. May Epelboetter
2258 Cass Ave

15. FILED..... 15, 1929 W. C. Stanley
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Jan 17, 1929

20. UNDERTAKER Drehmann & Bahal ADDRESS 1905 Union

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235
10
10

~~Handwritten text~~

3936 Lunkell

10-11

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