

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

Do not use this space.

8270

1. PLACE OF DEATH

County.....
Township.....
City.....
Registration District No.....
Primary Registration District No.....
(No. 2612 - Arsenal St.)

File No.....
Registered No. 1919
St..... Ward)

2. FULL NAME

(a) Residence. No. 12612 Arsenal St., 24 Ward.

(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

1 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 - 1929

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

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Feb 9, 1929. That I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 12:55 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 - 1853

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 25

Cerebral Hemorrhage

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)
(c) Name of employer

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Not known

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

WHAT TEST CONFIRMED DIAGNOSIS

12. MAIDEN NAME OF MOTHER Not known

(Signed) Robert L. Heber M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

29, 1929 (Address) 1037 S. 9th

*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 (Address) Lydia Pellor 2612 Arsenal

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Sunset Burial Ph. 2-12-1929

15. FILED 2-11-1929 Registrar

20. UNDERTAKER
Zeiglerheim Bros. 26+36 Kerker

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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