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

Do not use this space.

8329

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 203 ..... Registered No. 1981

City St Louis Mo (No. 1919 So Grand St. ..... Ward)

2. FULL NAME Agnes Saum

(a) Residence. No. 1919 So Grand St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-1-1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	0	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

235

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

10

PARENTS

10. NAME OF FATHER Joseph Koecher

10

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

12. MAIDEN NAME OF MOTHER Josephine Zvanovsky

10

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

14. INFORMANT Stephen Saum.
(Address) 1919 So Grand St Louis Mo

15. FILED FEB 11 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1929

17. I HEREBY CERTIFY, That I attended deceased from February 4, 1929 to February 9, 1929 that I last saw her alive on February 7, 1929 and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

87

77

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

0 IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas. H. Heinsberg, M. D

2/11, 1929 (Address) 3232 Lafayette Ave

*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	DATE OF BURIAL
SS Peter & Paul	2-12, 1929
20. UNDERTAKER	**ADDRESS**
Weick Bros	2201 So Grand

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