

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

Do not use this space. **10886**  
**10836**

**1. PLACE OF DEATH**

County Jackson  
Township W. 1st  
City St. Louis

Registration District No. 338  
Primary Registration District No. 1067

File No. \_\_\_\_\_  
Registered No. 1336  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

(a) Residence. No. 623 8th St., 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Antone Pedersen

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

12. MAIDEN NAME OF MOTHER Jacobson

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

14. INFORMANT J. E. Holmberg  
(Address) 623 8th

15. FILED 3/21, 1929 M. M. Corwin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1929

17. I HEREBY CERTIFY That I attended deceased from 7/1, 1928, to 3-19, 1929  
that I last saw him alive on 3-19, 1929, and that death occurred, on the date stated above, at 1235 E 15th

THE CAUSE OF DEATH WAS AS FOLLOWS:

Probably Carcinoma of liver  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Hemorrhage from stomach  
(SECONDARY) from probable extension  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Radiograph  
OR Croors M. D.  
(Signed) \_\_\_\_\_  
3/21, 1929 (Address) 6235 E 15

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 Wt Washington DATE OF BURIAL May 22 1929

20. UNDERTAKER Rose & Henderson ADDRESS City, Mo.

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

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24  
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