

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

Do not use this space.

12225

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 7249)

Registration District No. 1160
Primary Registration District No. 4470

File No. 34
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 7249 St. Louis 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1929

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

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1929, to March 21, 1929.
that I last saw him alive on March 21, 1929, and that death occurred, on the date stated above, at H. P. D.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11-1872

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
56 | 3 | 10

Carcinoma of Uterus
48

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) At Home
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind (O)

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Gen. physical examination

(Signed) A. R. Shreffler, M. D.

3/22, 1929 (Address) 1021 Missouri Bldg. St. Louis

*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 Frank Carr
(Address) 7249 St. Louis Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evansville Ind
DATE OF BURIAL Mar 23 1929

15. FILED 3/22, 1929 Marie Brown

20. UNDERTAKER Cumberston Trust Co
ADDRESS 4234

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.

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233
2
10
10

1929

