

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

Do not use this space.

12940

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3491
St..... Ward.....

2. FULL NAME

(a) Residence. No. 2122 Dolman St., 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 1872

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. min.
56 10 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Designer of Costumes
(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) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Walter Lehman
(Address) 2122 Dolman St.

15. FILED 21 May 1929
REGISTRAR W. H. B. & U. G. 29291 Jefferson

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 18, 1929 that I last saw him alive on March 18, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

99 A
95 B Mitral Insufficiency (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Heart (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2122 Dolman

IF AN OPERATION PRECEDE DEATH, no DATE OF -

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Autopsy
(Signed) Edw. Ch. Kelly, M. D.

, 19 (Address) 2603 Cherokee St

*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 St. Marcus Cem. DATE OF BURIAL 3-21 1929

20. UNDERTAKER W. H. B. & U. G. 29291 Jefferson
ADDRESS

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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