

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

Do not use this space.

13158

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1000

City St Louis (No. 219 Eichelberger)

File No.

Registered No. 3718

St. Ward)

2. FULL NAME

(a) Residence. No. 519 Eichelberger St., 157 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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND or (or) WIFE of

Walter Osburg

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

January 24, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

22

2

0

8. OCCUPATION OF DECEASED

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

At Home.

(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)

Hot Springs Arkansas

10. NAME OF FATHER

Wm. F. Daniels

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Int Vernon Indiana

12. MAIDEN NAME OF MOTHER

Sarah A. Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Carmi Illinois

14.

INFORMANT (Address)

Walter Osburg 219 Eichelberger

15.

FILED

May 17 1929
W. C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 24 1929

17.

I HEREBY CERTIFY, That I attended deceased from 3/23

1929, to 3/24, 1929, and that I last saw her... alive on 3/24, 7:40 P.M., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uteral regurgitation
in my care & observation during nine months of pregnancy
(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Child birth
12 hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Matilda L. Tobs, M. D.

3/25, 1929 (Address) 760 Eichelberger

*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

Int Hope Cemetery

3/27 1929

20. UNDERTAKER

ADDRESS

C Hoffmeister & L Co

7814 Broadway

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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