95

MAY 29 1929

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

Do not use this space.

1. PLACE OF DEATH

County: Ste Genevieve — Registration District No. 780 — File No. 15801

Township: Ste Genevieve — Primary Registration District No. 6025 — Registered No. 19

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Armila F Gegg

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3 - 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	2	20	

8. OCCUPATION OF DECEASED: —
(a) Trade, profession, or particular kind of work .....
(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): Ste Genevieve County Mo

PARENTS

10. NAME OF FATHER: John A Gegg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve County
12. MAIDEN NAME OF MOTHER: Florence M Schmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve County Mo

14. INFORMANT: John A Gegg
(Address): Ste Genevieve Mo

15. FILED: Apr 23 1929 T. W. Douglas, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23 1929

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1929, to April 23, 1929, that I last saw her alive on April 23, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 15E 107A

Bronchio Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Erysipelas

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) C J Elysbeder, M. D

April 23, 1929 (Address) Ste Genevieve Mo

*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: Ste Joseph Cemetery Jellm — DATE OF BURIAL: April 24 1929

20. UNDERTAKER: John Basler Ste Genevieve Mo — 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.

[illegible] INFORMATION IS A PERMANENT RECORD