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

Do not use this space.

16013

File No. 4050

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 2764a Gravois Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Elizabeth Risbon

(a) Residence. No. St., 78 Ward. Percey Ill.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Risbon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22/1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) Ava
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Mary Fisher

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

14. INFORMANT Lizette Reinert
(Address) 2764 Gravois Ave

15. FILED, 19 Mary E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-4-, 1929, to 4-3, 1929 that I last saw h. alive on 4-2-, 1929, and that death occurred, on the date stated above, at 12 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Pulmonary
234
231
97
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Gen. arteriosclerosis
Heart & Kidney
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Percey Ill
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy-xray
(Signed) R. E. Schroeddlets, M. D.
4/5, 1929 (Address) 1004 Ins. Bldg.

*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. Defaus MD

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Percy Ill. DATE OF BURIAL April 3 1929

20. UNDERTAKER G. C. Gordon Und. Co. ADDRESS Percy Ill

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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