

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

Do not use this space.

19914

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. Lebanon Sloep.)

Registration District No. 701
Primary Registration District No. 1003

File No.
Registered No. 5537
St. Ward)

2. FULL NAME

Malinda Ebber
(a) Residence. No. Rose Bud Mo. St. 10 Ward.

Rose Bud Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 31 - 1893</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>36</u>	<u>0</u>	<u>0</u>	<u>17</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>House Wife</u>				
(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) Mo.

10. NAME OF FATHER Fred Scherer

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

12. MAIDEN NAME OF MOTHER Mozge Risner

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

14. INFORMANT Philip Ebber
(Address) Rose Bud Mo.

15. MAY 20 1929 FILED. 19 W. C. Stank
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1929, to May 18, 1929 that I last saw her alive on May 18, 1929, and that death occurred, on the date stated above, at 5:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolic of Brain
13 1/2
5 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY Filoid uterus, cystic, az
(SECONDARY) non Malignant of Ovaries
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Rose Bud Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/18/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Arthur Sundlar M. D.
5/19 1929. (Address) 2202 Mumant 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 Rose Bud Mo. DATE OF BURIAL 5-20-1929

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee St. 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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