

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

Do not use this space.

32514
9620

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *3858 Cleveland Ave*)

File No.....
Registered No.....
Ward.....

2. FULL NAME

(a) Residence. No. *Marie Lotte* St., *17* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Modest Lotte*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 4 1886*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 2 23

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belgium*

10. NAME OF FATHER *Unknown Nauten*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT. *Modest Lotte* (Address) *3858 Cleveland Ave*

15. FILED *5-27-29* *1929* *Mar 6 Starostoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 27 19 29*

17. I HEREBY CERTIFY, That I attended deceased from *July 15* 19*29* to *Sept 27* 19*29* that I last saw h. or alive on *Sept 26* 19*29* and that death occurred, on the date stated above, at *4:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma, right broad ligament involving uterus, bladder and large colon

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

CONTRIBUTORY (SECONDARY) *46* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. DATE OF *July 15*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *O. J. Upshaw* M. D.
Sept 27 1929 (Address) *3115 So Grand*

*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 *Calyvary Cemetery* DATE OF BURIAL *Sept 30 19 29*

20. UNDERTAKER *Wm J. Roberts* ADDRESS *1905 S. Grand Blvd*

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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