

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

Do not use this space.

38271

1. PLACE OF DEATH

County St. Louis
Township Central
City Orcutt (No. Midway 9 Foster Ave)

Registration District No. 789
Primary Registration District No. 6033

File No. _____
Registered No. 862
St. _____ Ward _____

2. FULL NAME

Ella R. Kumpfau
(a) Residence. No. H279 Olive St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 24, 1873</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
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) West
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER <u>Unknown</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Frank Kumpfau
(Address) Midway 7 Foster Ave

15. FILED 11/26 19 29 Golla Dracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1929
17. I HEREBY CERTIFY, That I attended deceased from 10/6 1929, to 11/24 1929, that I last saw her alive on 11/29, 1929, and that death occurred, on the date stated above, at 1:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic Carcinoma
Uterus, Sim
(duration) 2 yrs. - mos. - ds.
CONTRIBUTORY (SECONDARY) Unknown
(duration) _____ yrs. - mos. - 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?
(Signed) Frank K. Doan M.D.
11/26, 1929 (Address) 6310 Flouraud

*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 Missouri Crematory DATE OF BURIAL Nov 27 1929
20. UNDERTAKER M. Laughlin ADDRESS 1631 Mo. Ave

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PARENTS

7.11. 1962
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