

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

Do not use this space.

38390

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 7003
City St. Louis (No. City Hospital)
10999 Fannie Churchell

File No.
Registered No. 10763
St. Ward)

2. FULL NAME

(a) Residence No. 2522 St. Louis St. 20 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (after the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	51	10.	9.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(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) Missouri

10. NAME OF FATHER Samuel Malherbe

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

12. MAIDEN NAME OF MOTHER Mary Unknown

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

14. INFORMANT Cherline

(Address) City Hospital

15. FILED NOV 3 1929 Max C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1929, to Nov 1, 1929, that I last saw him alive on Nov 1, 1929, and that death occurred, on the date stated above, at 9:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
H6B (duration) 2 yrs. 2 mos. ds.
according to history

CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) 2 yrs. 2 mos. ds.

18. WHEREAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 2522 St Louis

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X-ray

(Signed) P. S. Waugler, M. D.

11/2 1929 (Address) City Hospital

*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 New Bethlehem DATE OF BURIAL Nov 5 1929

20. UNDERTAKER Hy Leidner ADDRESS 1417 N. Market

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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Churchill