

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

Do not use this space.

38768

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5349 Terry St.**) St. _____ Ward _____

File No.....
Registered No. **11187**
St. _____ Ward _____

2. FULL NAME

Magdaline Aberle
(a) Residence. No. **5349 Terry St. St. Louis** St. **7** 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Aberle				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1870				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	5	2	
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 _____				

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from **Sept 10**, 19**29**, to **Nov. 16**, 19**29** that I last saw h. or alive on **Nov. 15**, 19**29**, and that death occurred, on the date stated above, at **8:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus (Scirrhous)
Anaemia
CONTRIBUTORY (SECONDARY) (duration) **1** yrs. **3** mos. **3** 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? **Symptoms**
(Signed) **Herman R. Watson**, M. D.
Nov. 16, 19 29 (Address) **2728 N. 11**

*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.

9. BIRTHPLACE (CITY OR TOWN) **Evansville Ind.**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Lisch**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Heim**

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

14. INFORMANT **Leo Aberle**
(Address) **5349 Terry St. St. Louis**

15. FILED **NOV 16 19 29** **W. E. Strickland**
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Walnut Hill, Belleville Mo** DATE OF BURIAL **Nov. 18, 19 29**

20. UNDERTAKER **Joe R. Buef** ADDRESS **Belleville Mo**

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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