

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

Do not use this space.

42268

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Lutheran Hospital)

File No.....
Registered No. 11988
St. Ward)

2. FULL NAME

(a) Residence. No. 5539 Vernon St. 5 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? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 15

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).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

10. NAME OF FATHER Henry Ogden

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

12. MAIDEN NAME OF MOTHER Elizabeth Kirkby

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

14. INFORMANT Elizabeth Merchant
(Address) 578A 29 Fernway

15. FILED DEC 4 1929 Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7-29 19

17. I HEREBY CERTIFY, That I attended deceased from 11-22-29, 19, to 12-7-29, 19, that I last saw her alive on 12-5-29, 19, and that death occurred, on the date stated above, at 10³⁰ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Benign pyloric obstruction

11/23 (duration) 12 1/2 yrs. 3 mos. 3 ds.
CONTRIBUTORY (SECONDARY) Cholelithiasis and Peritonitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Home

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-6-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & operative
(Signed) D. Theod. Hulse, M. D.

1218 . 19 29 (Address) 3657 Selmar

*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 DATE OF BURIAL

Laurel Hill Cemetery Dec 9, 1929

20. UNDERTAKER ADDRESS

Fred W. Williams 4617 Selmar

WRITE PLAINLY, WITH FADING 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.

2-11-62
A. J. WENT