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

Do not use this space.

2604

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H — Registered No. 19
City Richmond Heights (No. 1721 Boneta Ave St. Ward)

2. FULL NAME Margaret Dorrbaum
(a) Residence. No. 1721 Boneta Ave St., 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 Geo W. Dorrbaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 - 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68.	10.	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) as above
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio.

PARENTS
10. NAME OF FATHER John W. Boepple
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo
12. MAIDEN NAME OF MOTHER Jane Morrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Geo W. Dorrbaum
(Address) 1721 Boneta Ave

15. FILED 1/30 1930 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1930, to Jan 28, 1930 that I last saw her alive on Jan 28, 1930, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
92A
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Valvular Heart Condition
(duration) several 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? Physical Findings
(Signed) Vincent F Tonnard, M.D
1/28, 30 (Address) 3101a Sutton Ave Maplewood Mo

*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 Pickers Cem
DATE OF BURIAL: Jan 31 1930

20. UNDERTAKER: Ambruster Ind Co 4234 Manchester
ADDRESS

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.