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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6351

Township ..... Primary Registration District No. 1003 Registered No. 1106

City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Ruth Naomi Lobl.

(a) Residence. No. 2235 Oregon Ave., St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13th, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	13	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.,
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Oscar Lobl

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

12. MAIDEN NAME OF MOTHER Martha M. McEllinery

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

14. INFORMANT Oscar Lobl
(Address) 2235 Oregon Ave.

15. FILED Feb 19 1930 Max C Harden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1930, to Feb 2, 1930, that I last saw her alive on Feb 2, 1930, and that death occurred, on the date stated above, at 4:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendicitis with gangrene

(duration) yrs. mos. 2½ ds.

CONTRIBUTORY (SECONDARY) Meningitis
Type pending report on spinal fluid
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2235 Oregon Ave

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-1-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) D. Gustave Dahms, M. D.

, 19 (Address) 1402 So Grand

*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 Memorial Park Cem.

DATE OF BURIAL 2/4/30

20. UNDERTAKER Hy. Leidner

ADDRESS 1417 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.

...STATE BOARD OF HEALTH ... THIS IS A PERMANENT RECORD