

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

Do not use this space.

6629

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1005
City..... (No. 2931 Sullivan Ave)

File No.....
Registered No. 1447
St. Ward)

2. FULL NAME Irene J. Lederle

(a) Residence. No. 2931 Sullivan St., 20 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)** Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-13-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 3 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None At Home
(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) St. Louis Mo.

10. NAME OF FATHER Frank Lederle

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Forst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Frank Lederle
(Address) 2931 Sullivan Ave

15. FILED 11, 1930 Max C. Starks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929 to Feb. 8, 1930 that I last saw her alive on Feb 8, 1930, and that death occurred, on the date stated above, at 5 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis Chronic.
9219
57B

CONTRIBUTORY (SECONDARY) Rheumatism Chronic (duration) 4 yrs. 7 mos. — ds.
9219
57B (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT A PLACE OF DEATH, 9219
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Frank J. Starks M. D.
Feb. 10, 19 30 (Address) St. Louis 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 Calvary Cem. **DATE OF BURIAL** 2/11 1930

20. UNDERTAKER W. A. Stork and Co **ADDRESS** 2117 1/2 Grand

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.

