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

Do not use this space.

6860

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1698

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

2. FULL NAME Estella Marie Denits

(a) Residence. No. 4168 Shenandoah St., 17 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	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) Dec 7 - 1922.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	2	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolgirl 110 106

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 107

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm Denits

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

12. MAIDEN NAME OF MOTHER Theresa Schnettgoecke

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

14. INFORMANT Wm Denits
(Address) 4168 Shenandoah Ave

15. FEB 17 1930 FILED ....., 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1930, to Feb. 17th, 1930 that I last saw her alive on Feb. 16th, 1930, and that death occurred, on the date stated above, at 2 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary Broncho pneumonia following Acute Bronchitis non Tubercular (duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (SECONDARY) Empyema Acute Pericarditis Operation for Empyema (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4168 Shenandoah

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 7th 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) H C Klopper, M. D.

7/17, 1930 (Address) 3801 S. Broadway

*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
Calvary Cemetery	Feb. 19 1930
20. UNDERTAKER	ADDRESS
Peltz Bros. 3029	Lafayette Ave

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr H. C. Kloepper.
3-4-
3803 So. Broadway.