

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

Do not use this space.

10899

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **3015 Hawthorne Blvd.**) St. Ward)

File No.
 Registered No. **2926**
 St. Ward)

2. FULL NAME

(a) Residence. No. **3015 Hawthorne** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov. 26 - 1859</i>		
7. AGE <i>70</i>	YEARS <i>3</i>	MONTHS <i>24</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>House Wife</i> (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) *Germany*

10. NAME OF FATHER *Unknown*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *George St. Frost*
 (Address) *3015 Hawthorne Blvd.*

15. FILED *22 1930*
Max C. Stankov
 REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 20 - 1930*
 17. I HEREBY CERTIFY, That I attended deceased from *Jan 27* 19*30* to *Nov 20* 19*20* that I last saw h. *alive* on *Mar 20* 19*30* and that death occurred, on the date stated above, at *11:50 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
nephritis (Ch) Hypertension
arteriosclerosis (Ch) (1 yr 3)
Diabetes (mild) (6 yrs)
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Thrombosis cerebral*
 (duration) yrs. *1* mos. *2* ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *St Louis mo*

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Phys Exam - Laboratory*
3/21 1930 (Address) 505 Liscoe Blvd - St Louis mo
St Louis Mo M. D.

*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 *Bellefontaine Cem.* DATE OF BURIAL *3/24 1930*

20. UNDERTAKER *Ziegenhein Bros. 2623 1/2 Pershe*
 ADDRESS

N. B.—Every item of information is extremely 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.

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