

**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
 Township..... Primary Registration District No. 7002
 City St Louis Mo No. 3992 Neosho St. 15 File No. 10938
 Registered No. 2966
 St. Ward.)

2. FULL NAME

Alice Thresa Middendorf
 (a) Residence. No. 3992 Neosho St., 15 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Oct 23 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER John Middendorf
 11. BIRTHPLACE OF FATHER (CITY OR TOWN), Danversville
 (STATE OR COUNTRY) Illinois
 12. MAIDEN NAME OF MOTHER Louisa Owhua
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN), Metropolis
 (STATE OR COUNTRY) Illinois

14. INFORMANT John Middendorf
 (Address) 3992 Neosho

15. FILED 24 1930 May C Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1930

17. HEREBY CERTIFY, That I attended deceased from March 21, 1930 to March 21, 1930
 that I last saw her alive on March 21, 1930, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

100 Lobar Pneumonia
 (duration) I do not know yrs. mos. da.

CONTRIBUTOR (SECONDARY) none
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? I do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

3/ (Signed) James J. Decker, M. D.
3/22, 1930 (Address) 3606 Gravois Ave

*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 Danversville Ills DATE OF BURIAL Mar 23 1930

20. UNDERTAKER Medemuelles 6203 Gravois
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

