

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

Do not use this space.

12256

File No. _____
 Registered No. 30
 St. _____ Ward _____

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 305 Jefferson St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. 9 mos. 26 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas August Geffelt

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

12. MAIDEN NAME OF MOTHER Friederika Tangel

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

14. INFORMANT Alfred J. Rapps
 (Address) Washington Mo.

15. FILED Apr 14 1930 O. L. Marshall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1930 to Apr. 13, 1930, that I last saw her alive on Apr. 13, 1930, and that death occurred, on the date stated above, at 6:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis - following laparotomy for removal of Sarcocyst of sigmoid flexure Colon - 466
1450 Portion (difficult labor)
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH _____

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-7-30

2. WERE THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS macroscopic
 (Signed) sericautoph, M. D.
13, 1930 (Address) washington 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 St. Peters Cemetery DATE OF BURIAL Apr. 16 1930

20. UNDERTAKER Niburg & Vitt; Washington
 ADDRESS Mar

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

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.

MAY 26 1930
 MAY 9 1929

