

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

Do not use this space.

14272

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **St. Marys Edman**)

File No.

Registered No. **3611**

2. FULL NAME

(a) Residence. No. **2116 So. 28th** St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **None** mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

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

Otto Ziffel

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 6 - 1892

7. AGE

YEARS **37**

MONTHS **8**

DAYS **4**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Joe Neumann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Neumann

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Annie Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Rolla

(STATE OR COUNTRY)

14.

INFORMANT

(Address) **2116 So. 28th Street**

15.

FILED

APR 11 1930

Wm. C. Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4/10 1930

17.

I HEREBY CERTIFY, That I attended deceased from

3/28, 19**30**, to **4-10**, 19**30**

that I last saw h. **W.** alive on **4-10**, 19**30**, and that death occurred, on the date stated above, at **1 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Embolism

1490 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

139C Hysterectomy (duration) yrs. mos. ds.

10 days Operation for Subtotal Punction of Uterus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **cause unknown**

1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **3/31/30**

2 WAS THERE AN AUTOPSY? **yes**

3 WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**

(Signed) **John B. O'Neil, M. D.**

Apr 10, 1930 (Address) **1536 Papay St**

*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

St. Peter & Paul

Apr. 12 1930

20. UNDERTAKER

ADDRESS

Wacker Heideck

833 Brody

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.

