

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

Do not use this space.

17245

1. PLACE OF DEATH

County St. Louis
Township Central
City Creve Coeur

Registration District No. 790
Primary Registration District No. 7023

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. Mosley & LaBlanc St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. Trupka

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 1 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House hold.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Europe
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm. Trupka
(Address) Creve Coeur, Mo.

15. FILED May 20 1930 R. W. Sullivan
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 2:17 1930, to 5:17 1930, that I last saw her alive on 5-17-1930, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
1620 (duration) yrs. 3 mos. ds.
CONTRIBUTORY Senility
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. M. Lenny M. D.
, 19 (Address) Creve Coeur 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 S. S. Peter & Pauls DATE OF BURIAL 5/20/1930

20. UNDERTAKER Bannum Bros. ADDRESS 1504 Woodburn Overland Mo.

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.

JUN 27 1930

