

JUN 27 1930

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

Do not use this space.

17322

1. PLACE OF DEATH

County Richmond Heights Registration District No. 1170
Township Richmond Heights Primary Registration District No. 6248H
City Richmond Heights (No. 1107 Ralph Demace)

File No. _____
Registered No. 122
St. _____ Ward _____

2. FULL NAME

Veronica Somenberg
(a) Residence. No. 1107 Ralph Demace St., _____ Ward. _____

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4th 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 — 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Albert Szabowski

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

12. MAIDEN NAME OF MOTHER Mary Lauder

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

14. INFORMANT Emilia Piercki
(Address) 1107 Ralph Demace

15. FILED 57 19 30 L. H. Jenam REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21st 1930

17. I HEREBY CERTIFY, that I attended deceased from May 21 to May 21, 1930, that I last saw alive on May 21, 1930, and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditic Valvulardis.
Myocardial infarction =
131
92A independent today
92C at White
CONTRIBUTORY (SECONDARY) Indefinite = yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

I IN PLACE OF DEATH at

DI AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Pathology, Histology, Schiller

(Signed) _____, M. D.
57/3019 (Address) 145 Mo. Bldg

*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

Calvary DATE OF BURIAL May 23rd 1930

20. UNDERTAKER

Aug Brockland ADDRESS 1421 N. 9th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Every item of information should be carefully supplied.

1115 120

