

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

Do not use this space.

**31146**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1703**  
 City **St. Louis, Mo.** (No. **Lutheran Hosp.**)

File No.....  
 Registered No. **8732**  
 St..... Ward.....

**2. FULL NAME**

**Louisa Fabrite**  
 (a) Residence. No. **3307 Wisconsin** St. **W** Ward.....  
 (Usual place of abode) (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Nov. 30, 1900</b>		
7. AGE	YEARS	MONTHS
<b>29</b>	<b>9</b>	<b>3</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Housewife</b> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)..... **Austria**  
 (STATE OR COUNTRY)

<b>PARENTS</b>	10. NAME OF FATHER <b>Joseph Skilping</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <b>Austria</b> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <b>Susana Glatz</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <b>Austria</b> (STATE OR COUNTRY)

14. INFORMANT **Carl Fabrite**  
 (Address) **3307 Wisconsin**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 3 - 1930**

17. HEREBY CERTIFY, That I attended deceased from **Aug 31, 1930** to **Sept 3, 1930** that I last saw her alive on **Sept 2, 1930**, and that death occurred, on the date stated above, at **6:00** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**145**  
**149A**  
**Periperal Sepsis**  
 (duration) yrs. mos. **4** ds.

CONTRIBUTORY **Caesarian Section**  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
**149A**  
 IF NOT AT PLACE OF DEATH **3307 Wisconsin**  
 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Aug 21-30**  
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Dr. R. Engelmann, M. D.**  
**9/4** . 19 **30** (Address) **3115 So. Grand 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 **Sunset Burial Park** DATE OF BURIAL **9-6-1930**

20. UNDERTAKER **Zingonheim Bros. 2623 Broadway** ADDRESS

SEP 5 1930  
 FILED  
 J. May C. Stark  
 REGISTRAR

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.

