

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

Do not use this space.

791

34420

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 1003
Primary Registration District No. 4311 - South Grand Blvd

File No. _____
Registered No. 9779
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4311 - S. Grand St., 15 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 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 Julius C.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormths.
71 11 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Meester

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Elsa Metcalf
(Address) 4311 S. Grand Bl.

15. FILED 14 1930 May 6 Stark REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930 to October 11, 1930 that I last saw her alive on October 11, 1930, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

Chronic Myocarditis (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
44B
IS IT AT PLACE OF DEATH? no

19. HAD AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical Findings.
(Signed) D. B. W. Kippel, M. D.
, 19 _____ (Address) 3772 S. South Broadway

*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 Wm S. Marcus DATE OF BURIAL 10/15 1930

20. UNDERTAKER Wm S. Marcus ADDRESS 812 S. Broadway

WHITE 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.

100