

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **701**  
Primary Registration District No. **1003**

File No. **7334**  
Registered No. **1648**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **Saphra Hall**  
(Usual place of abode) **3812 9<sup>th</sup> Avenue 15 Ward.**  
Length of residence in city or town where death occurred **50** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Mr. Hall**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 11 - 1864**

7. AGE YEARS MONTHS Dk's IF LESS than 1 day, hrs. or min.  
**66 8 26**

**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) **235**  
(c) Name of employer

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

**PARENTS**  
10. NAME OF FATHER **John Eicher**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **?**  
(STATE OR COUNTRY) **Unknown**

14. INFORMANT **Dr. Joe Laffler**  
(Address) **ISOLATION HOSPITAL**

15. FILED **FEE - 9 1931**  
REGISTRAR **Max C. V...**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-7 1931**

17. I HEREBY CERTIFY, That I attended deceased from **2-5 1931** to **2-7 1931**, and that I last saw him alive on **2-7 1931**, and that death occurred, on the date stated above, at **11:45 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Empyema, Facial edema unknown**  
(duration) yrs. mos. **4** da.

CONTRIBUTORY (SECONDARY) **Diabetes mellitus**  
(duration) yrs. **3** mos. da.

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

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS? **clinical findings**  
(Signed) **L. F. Rompage, M. D.**  
, 19 (Address) **ISOLATION HOSPITAL**

\*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 **New St. Peter's Paul Cem** DATE OF BURIAL **Feb. 11 1931**

20. UNDERTAKER **Hoffmeister Funeral** ADDRESS **7128 Michigan**

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.

