

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

Do not use this space.

7987

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Lukes Hospital St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 2358

**2. FULL NAME**

Angie Summa  
 (a) Residence. No. West Palm Beach, Fla. \_\_\_\_\_ 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11, 1870

7. AGE- YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>3</u>	<u>10</u>	

**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 Mo.  
 (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Wm Beithold

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

12. MAIDEN NAME OF MOTHER Josephine Hoenebaum

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

14. INFORMANT Mrs. G. Wm Webbing  
 (Address) Bellefontaine St. Bally St.

15. FILED 7-3-31 1931 REGISTRAR May E. Ward

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from April, 1919, to Feb 21, 1931 that I last saw her alive on Feb 21, 1931, and that death occurred, on the date stated above, at 9:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute dilatation of heart  
50  
0-78

CONTRIBUTORY (SECONDARY) Recurrent carcinoma (breast) shock of surgical operation and anaesthesia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 21, 1931  
Parent died on operating table  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Christ E. Hagedorn, M. D.  
Feb 21, 1931 (Address) 3720 Washington

\*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 Griedans DATE OF BURIAL Feb 23 1931

20. UNDERTAKER Math Hermannson ADDRESS 2161 E. Fair Ave

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.

