

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

Do not use this space.

11405

1. PLACE OF DEATH

County St. Louis Mo.
Township Central
City Maplewood (No. 7424^a Maple Ave)

Registration District No. 786
Primary Registration District No. 4469

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7424^a Maple St., _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Neugebauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 - 1906

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, hrs. or min.
	25	1	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 235
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Carlton East

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

12. MAIDEN NAME OF MOTHER Ella Melhollan

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

14. INFORMANT Emil Neugebauer
(Address) 7424^a Maple Ave

15. FILED 3/31, 1931 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1931

17. I HEREBY CERTIFY, that I attended deceased from Mar 30, 1931, to Mar 30, 1931
that I last saw her alive on Mar 30, 1931, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 1 yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Bo Borkeridge, M. D. 3/31, 1931 (Address) Maplewood Mo

*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 Bethany DATE OF BURIAL April 1 1931

20. UNDERTAKER H. M. Minkster and Co ADDRESS 4234

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. 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.

APR 28 1931

