

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

Do not use this space.

26146

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033B
City (No. 7106, Glenmoor Ave.) St. _____ Ward)

File No. _____
Registered No. 231

2. FULL NAME

Mathilda Zbaren
(a) Residence. No. 7106 Glenmoor Ave. 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 Peter Zbaren.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Bushman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Emelie Horstinger
(Address) 7106 Glenmoor Ave.

15. FILED 7/7, 1931 Paula Gray M. J. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1931
17. I HEREBY CERTIFY, That I attended deceased from July 5-1931 until I last saw her alive on July 7-1931 and that death occurred, on the date stated above, at 9:54 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Sepsis (Streptococcus)
100 100B
36 (duration) yrs. mos. 5 ds.
CONTRIBUTORY pressure ulcers (Streptococcus)
(SECONDARY) feet (duration) 22 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

9 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Lab and physical
(Signed) Dr. H. K. Carter, M. D.

7-6-1931 (Address) 7303rd Natural Bridge
*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 Valhalla Cemetery DATE OF BURIAL 7-8 1931

20. UNDERTAKER Geo. L. Reitch Inc. ADDRESS 5966 Eastern Ave

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.

AUG 29 1931

not busy

summary

8 to 9