

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 1008
 City St. Louis (No. 3850) Utah Pl

26492
 File No.
 Registered No. 7644
 St. Ward

2. FULL NAME

Elizabeth Title
 (a) Residence, No. 3680 Utah St., 16 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 5 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** Single
 (Usual place of abode)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Joseph Title

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Marie Forst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Marie Tyreschek
3680 Utah St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bicker DATE July 10 1931

19. UNDERTAKER (ADDRESS) Wm. B. Magdell
1926 Cotton Ave

20. FILED LL-8 1545 Wm. B. Magdell Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 6 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1931, to July 6th 1931.
 I last saw her alive on July 6th 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of liver
4 1/2
1238 4 1/2
 Other contributory causes of importance:
Intestinal hemorrhage

23. Name of operation **Date of**
What test confirmed diagnosis? **Was there an autopsy?**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Date of injury** 19.....
Where did injury occur?
 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Robert Greiderer M. D.
 (Address) 1017 Peyer St

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.

MARGIN RESERVED FOR BINDING

