

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1048
 City St. Louis No. Mo Baptist Hospital File No. 32536
 Registered No. 9344 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 40682 Lafayette St., 17 Ward. (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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)) New Albany Ind

13. NAME Aug Imhoff

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

15. MAIDEN NAME Adelle Salade

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

17. INFORMANT Mimmie Bultman

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cemetery DATE Sept 5

19. UNDERTAKER Starr & Conell

20. FILED 1931 19 _____ Registrar Wm C Starkey

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1931, to Sept 2, 1931. I last saw her alive on Sept 2, 1931. Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:
48 Carcinoma of
296 uterus
48
 Other contributory causes of importance: None
Secondary cancer

Date of onset about 5 years ago
retrograde

Name of operation Hysterectomy Date of Aug 27-31

What test confirmed diagnosis? Microscopic Was there an autopsy? No

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? No

If so, specify _____

(Signed) Samuel H. Snyder, M. D.
 (Address) 705-10th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated exactly.

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