

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

Do not use this space.

32668

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Deaconess Hosp.)

File No.
 Registered No. **9524**
 St. Ward)

2. FULL NAME

Elizabeth Littel
 (a) Residence, No. 5227 1/2 Alaska Ave. St. 15 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>40</u>	<u>6</u>	<u>19</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House Work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>1217 P</u> <u>127 P</u>
	10. Date deceased last worked at this occupation (month and year)	<u>129</u>
	11. Total time (years) spent in this occupation	

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

MOTHER FATHER 13. NAME Peter Palm

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Henny Littel (ADDRESS) 5227 1/2 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 11 - 1931

19. UNDERTAKER Ziegenhain Bros. (ADDRESS) 712 1/2 S. Kentucky St.

20. FILED SEP 10 1931 W. C. Farber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 - 1931

22. I HEREBY CERTIFY, THAT I attended deceased from Sept. 6 - 1931 to Sept. 8 - 1931. I last saw her alive on Sept. 8, 1931. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Ecchymosis Grace Blood
acute appendicitis
Ext. abd. Peritonitis, 2nd stage
Gall bladder + sinus + affected

Other contributory causes of importance:
Ecchymosis Grace Blood + acute appendicitis

Name of operation Cholecystectomy of Gall bladder. What test confirmed diagnosis? Sept. 7 - 1931

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) Wm. J. Smith, M. D. (Address) 3638 St. Louis

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.

