

**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. 7821
 Township..... Primary Registration District No. 1005
 City St. Louis, Mo. (No. 5206 So. 37th Street. St. Ward)

33197
 File No. 10103
 Registered No.

2. FULL NAME Caroline Habercorn.

(a) Residence, No. 5206 So. 37th Street St. 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Habercorn.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25, 1855.</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>6</u>
		4.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>
	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) Germany.

FATHER 13. NAME George Fach.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Caroline Amon.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Charles Habercorn
5206 So. 37th Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cem DATE Oct. 2 1931

19. UNDERTAKER (ADDRESS) J. H. Gibben & Co.
2842 Meramec Street.

20. FILED SFP 30 1931
W. C. Starkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1931
 22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1930 to Sept 29th 1931
 I last saw her alive on Sept 29th 1931. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Hep.
Chronic Interstitial Nephritis Hep.
 Date of onset 15/ 9/31

Other contributory causes of importance:
None
 Name of operation..... Date of.....
 What test confirmed diagnosis Widal test 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?
 If so, specify Act Senior, M. D.
 (Signed) Act Senior
 (Address) 3606 Grand

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.

RECORD

