

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

Do not use this space.

2471

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1013

City St. Louis (No. City Hospital)

File No.

Registered No. 138

St. Ward)

2. FULL NAME

(a) Residence, No. 1823 So. 11th of 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) July 6 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 29

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. 235

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 10

13. NAME John Sommer

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

15. MAIDEN NAME Katie Michael

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Mary's Hospital Jan 4 1932

19. UNDERTAKER (ADDRESS) St. Mary's Hospital

20. FILED JAN - 5 1932 W. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st 1931 to Jan 4th 1932

I last saw her alive on Jan 4th 1932 Death is said to have occurred on the date stated above, at 6:30 AM

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

Malnutrition
Thrombosis
930
Chloroform

Name of operation Stomach Date of Jan 4 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury Jan 4 1932
Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. ... M. D.
(Address) City Hospital

WRITE PLAIN! 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.

Frank Ritz