

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 383

File No. 8729

Township Raw

Primary Registration District No. 100

Registered No. 1317

City Manassah (No. Manassah Hospital)

St. 6 Ward

2. FULL NAME

Opheie Koverstein
(a) Residence, No. 16542 Jefferson St. 8 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1887

7. AGE YEARS 79 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

13. NAME Keris Landner

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

15. MAIDEN NAME Sarah Straub

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

17. INFORMANT Louis Koverstein (ADDRESS) 6542 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE March 30, 1932

19. UNDERTAKER Carroll Davidson and Co (ADDRESS) 3024 Troost

20. FILED 3/29 19 37 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932

22. I HEREBY CERTIFY That I attended deceased from March 15, 1932 to March 28, 1932

I last saw him alive on March 28, 1932 Death is said

to have occurred on the date stated above, at 11 A.M.

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

Herpes zoster, Myocarditis Date of onset

Other contributory causes of importance:

Hypertension (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 Fred Irwig

(Signed) Frederick Irwig, M. D.

(Address) 1610 W. Jefferson St.

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.

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