

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

Do not use this space.

11125

1. PLACE OF DEATH

County..... Registration District No. 301
Township..... Primary Registration District No. 1903
City St. Louis, Mo. (No. 1606, Hogan St.)

File No.
Registered No. 3215
St. Ward)

2. FULL NAME Elizabeth Willig

(a) Residence, No. 1606 Hogan St. St. 26 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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</u>
	DAYS <u>30</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Alle (STATE OR COUNTRY) 2

13. NAME Jacob Branch

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Not known

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

17. INFORMANT Alfred P. Willig (ADDRESS) 1606 Hogan St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE April 2, 1932

19. UNDERTAKER H. J. Leidner Und. Co. (ADDRESS) 1425 N. Market St.

20. FILED APR 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1932 to Mar 31, 1932

I last saw her alive on Mar 31, 1932. Death is said to have occurred on the date stated above, at 3:30 m.

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

Lobar Pneumonia
158
950 / 108
Other contributory causes of importance:
Chronic Myocarditis
3-27-31
1

Name of operation None Date of

What test confirmed diagnosis? 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) Abennett Burns M. D.
(Address) 3802 N. Grand Blvd.

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.

