

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

Do not use this space.

13684

1. PLACE OF DEATH

92 County Registration District No. 757
 Township Primary Registration District No. 5998
 City St. Charles Mo. (No. Cincinnati Cir. Home) St. Ward

2. FULL NAME

(a) Residence, No. St. Ward. St. Louis 3rd
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 0

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

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) 31

13. NAME Theodore Hansen

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

15. MAIDEN NAME Christina

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

17. INFORMANT Mrs. Lippert (ADDRESS) 1118 1/2 Olive Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. M. Marcellus DATE 4-6 1932

19. UNDERTAKER Chas. W. Blumberg & Co. (ADDRESS) 2976 S. Holladay Ave.

20. FILED 414 19 34 St. Charles Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1932, to April 3 1932

I last saw him/her alive on Apr. 3 1932 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Other contributory causes of importance: Chs. Cardiovascular nephrotic due to

131 General Arterio Sclerosis

133 B

Name of operation none Date of
 What test confirmed diagnosis? Diagn. by path. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) A. P. Gielbach M. D.

(Address) St. Charles, Mo.

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.

MAY 8 1932

