

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

Do not use this space.

18049

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp St Louis Primary Registration District No. 1003
 City St Louis (No. 2104, D 39th St) St. 17 Ward 17
 Registered No. 5019 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2104 D 39th St., 17 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 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 John Sluber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 7 13

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) Clear Creek Mo

13. NAME John Sluber

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

15. MAIDEN NAME Elizabeth Unknown

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

17. INFORMANT (ADDRESS) Mag Miller 395 1/2 Russell Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo DATE May 25th 1932

19. UNDERTAKER (ADDRESS) W. H. Miller 395 1/2 Russell Blvd

20. FILED 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 22 1932

I last saw her alive on May 21 1932 Death is said

to have occurred on the date stated above, at 1 A m.

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

cerebral hemorrhage Date of onset May 9

82 + 7 13

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) W B Markson M. D.

(Address) 2170 Strand

Row 5. Section 28