

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

Do not use this space.

18057

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis** (No. **City Hospital**)  
**18801**

File No.....  
Registered No. **5028**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **9210 So. 3rd** Ward. **23**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **life** 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) **married**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 14 - 1906**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>26</b>	<b>2</b>	<b>9</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>	11. Total time (years) spent in this occupation. <b>23 1/2</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>home</b>	
	10. Date deceased last worked at this occupation (month and year)	

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

MOTHER FATHER  
13. NAME **Herman Sievers**

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

15. MAIDEN NAME **Kelen Eilers**

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

17. INFORMANT **Hospital Superintendent**  
(ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Paul** DATE **May 27 1932**

19. UNDERTAKER **Thos. Spittig**  
(ADDRESS) **2906 Broadway**

20. FILED **May 25 1932** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 23rd 1932**

22. I HEREBY CERTIFY That I attended deceased from **Feb. 5th 1932** to **May 23rd 1932**

I last saw her alive on **May 23rd 1932** Death is said to have occurred on the date stated above at **6:20 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Pulmonary tuberculosis**  
**23 A B C D**  
Date of onset **Nov. 1931**

Name of operation **Wray's Sputum** Date of **1932**  
What test confirmed diagnosis? **Wray's Sputum** 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) **Carl H. Wray** M. D.  
(Address) **City Hospital**

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.

Salpe