

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

Do not use this space.

20930

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791 File No. 1003  
 Townshp. Lutheran Hospital Primary Registration District No. 1003 Registered No. 5418  
 City St. Louis (No. 2) St. 2 Ward 2

**2. FULL NAME**

(a) Residence, No. 6518 Lorain St. Ward 2  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>7</u>	<u>7</u>	

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. None

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

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

FATHER

13. NAME Andrew Bradley

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

MOTHER

15. MAIDEN NAME Eva Fredrick

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

17. INFORMANT (ADDRESS) Wm J. Klauke 6518 Lorain Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter Paul DATE June 9 1932

19. UNDERTAKER (ADDRESS) Wacker - Belderle 2331 S. Broadway

20. FILED JUN - 7 1932 May C. Standish Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1932

22. I HEREBY CERTIFY that I attended deceased from June 2 1932 to June 6 1932  
 last saw her alive on June 6 1932 Death is said to have occurred on the date stated above, at 11:27 m.  
 The principal cause of death and related causes of importance were as follows:  
Peritonitis Date of onset June 32  
ruptured appendix (1)

Name of operation appendectomy Date of June 2 1932  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 19 1932  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) L. E. Moeller, M. D.  
 (Address) 3537 S. Jefferson Ave

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.

