

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

Do not use this space.

21252

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 6003

City St. Louis

No. City Hospital

# 4349

**2. FULL NAME**

(a) Residence, No. 2013 Cushing St., 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....

Registered No. 5808

St. .... Ward)

**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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1866

7. AGE YEARS 66 MONTHS 5 DAYS 17 If LESS than 1 day, .... hrs. or .... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 yrs

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 26

12. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) Hungary

13. NAME Mrs. Martin

14. BIRTHPLACE (CITY OR TOWN) Hungary (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Theresa Braun

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

17. INFORMANT (ADDRESS) Hospital Superintendent City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE 6-21, 1932

19. UNDERTAKER Wirth Bros. & Co. (ADDRESS) 290 S. Jefferson Ave.

20. FILED JUN 20 1932 W. H. C. Finkley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY That I attended deceased from June 13, 1932, to June 18, 1932

I last saw her alive on June 18, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Carcinoma of Caecum Date of onset

Adhesions causing intestinal obstruction

Other contributory causes of importance: H. V. C.

Name of operation Adhesiolysis Date of 6-13-32

What test confirmed diagnosis? Operative 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?.....

If so, specify..... (Signed) George Johnson, 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.

Schwiege