

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

Do not use this space.

24335

1. PLACE OF DEATH

County Registration District No. **791**
 Townshp Primary Registration District No. **117-23**
 City **St. Louis** (No. **City Hospital**) St. Ward

File No.
 Registered No. **6454**
 St. Ward

2. FULL NAME

(a) Residence, No. **2392nd 2012th** St. **13** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 22, 1894</i>				
7. AGE	YEARS <i>67</i>	MONTHS	DAYS <i>20</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>			
	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) <i>Williamsport Pa.</i>				
MOTHER FATHER	13. NAME <i>Geo. Sickenberger</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Marie Maier</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
17. INFORMANT (ADDRESS) <i>Hospital Information Office City Hospital</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>S. P. Peter & Paul Ch.</i> DATE <i>July 14, 1932</i>				
19. UNDERTAKER (ADDRESS) <i>A. H. Sickenberger & Co. 2142 Michigan St.</i>				
20. FILED <i>LL 13</i> 19 <i>32</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 12, 1932*

22. I HEREBY CERTIFY That I attended deceased from *May 2nd, 1932, to July 12, 1932*

I last saw him alive on *July 12, 1932* Death is said to have occurred on the date stated above at *10:35 a.m.*

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

Chr. Myocarditis & Chronic Bacterial Endocarditis

Other contributory causes of importance: *91A Senility ABC*

Name of operation *none* Date of

What test confirmed diagnosis? *(D)* Was there an autopsy? *Yes*

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. *No*
 (Signed) *M. Maurice G. Beebe* 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.

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