

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. *7871*

Township.....

Primary Registration District No. *3000*

City *St. Louis*

(No. *City Hospital*)

File No. **34162**
Registered No. **9518**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *3633 Mc Donald* Ward. *16*

(Usual place of abode)

(If nonresident, give city or town and State)

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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 10 - 1893*

7. AGE YEARS *39* MONTHS *4* DAYS *15* If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *217*

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

12. BIRTHPLACE (CITY OR TOWN) *Belleville* (STATE OR COUNTRY) *Illinois*

13. NAME *Frank Daubach*

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

15. MAIDEN NAME *Erma Pomrack*

16. BIRTHPLACE (CITY OR TOWN) *Illinois* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Hospital of St. Louis City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Belleville* DATE *Oct 28* 19*32*

19. UNDERTAKER *Buss and Belleville* (ADDRESS)

20. FILED *Oct 26 1932* *Max C. Starnes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 25th, 1932*

22. I HEREBY CERTIFY. That I attended deceased from *Oct. 23rd, 1932, to Oct. 25th, 1932*
I last saw her alive on *Oct. 25th, 1932* Death is said to have occurred on the date stated above, at *4.55* m. P.M.

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

Stasis Epileptics Date of onset *10-4-32+*

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? *Clinical* 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) *Arthur A. Reeves*, M. D.
(Address) *City Hospital*

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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