

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

Do not use this space.

37666

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 502.003
City St. Louis (No. 3146) Keyes Ave
St. Ward

File No.
Registered No. 10353
St. Ward

2. FULL NAME

(a) Residence, No. 3146 Keyes Ave, St. 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 Dec 16

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 6

OCCUPATION
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.
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) Germany 10

MOTHER FATHER
13. NAME Carl Ploeger

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

15. MAIDEN NAME Louise Gaffron

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

17. INFORMANT (ADDRESS) Edwin Gaffron 3146 Keyes Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Nov 25, 1932

19. UNDERTAKER (ADDRESS) Lehmerbund co 3125 Lafayette Ave

20. FILED NOV 23 1932 Wm. G. Walker Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 22, 1932

I last saw her alive on Nov 22, 1932. Death is said to have occurred on the date stated above, at 12:08 P.m.

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

Lobar Pneumonia Date of onset 11/27/32
1916 A
1948
1986

Other contributory causes of importance:
fracture of left shoulder following a fall downstairs on Nov 22, 1932
Accidents

Name of operation Date of
What test confirmed diagnosis? 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 Fall downstairs
Nature of injury fracture of left shoulder

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl Abhaus, M. D.
(Address) 3248 Lafayette 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.

