

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

Do not use this space.

37756

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 3003
City Schump (No. Lutheran Hosp.)..... St. Ward)

File No.
Registered No. 10458

2. FULL NAME

(a) Residence, No. 6809 Parkwood 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis J. Kapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 13, 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Geo Metter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Magda Goller</u> <u>6809 Parkwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Schump Mo</u> <u>11/26/32</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Sussman</u> <u>217 193</u>		
20. FILED <u>217 193</u> <u>W. C. Starker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Nov. 23, 1932
I last saw her alive on Nov. 23, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral embolism Date of onset 11/23/32
10/18
11/4
Dr. J. W. Kerner
235
11/26/32

Other contributory causes of importance:
Fracture of right femur suffered in fall from stairs in bed room November 17, 32.

Name of operation Reduction of fracture Date of 11/23/32
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? Accident Date of injury 11/17, 1932
Where did injury occur? Her home - Schump Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Fell down, fractured femur
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Ray L. Shipp M. D.
(Address) 7702 2007

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.

WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD

