

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

Do not use this space.

✓ 37795

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. **10498**
 City St. Louis Mo (No. 807 allan ave) St. Ward)

2. FULL NAME

(a) Residence. No..... St., Ward 23
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Rumpf
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 1 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer at Home

9. BIRTHPLACE (CITY OR TOWN)..... St. Louis Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Henry Ahrens
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Germany
 (STATE OR COUNTRY) 168
 12. MAIDEN NAME OF MOTHER Lu Hauer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown
 (STATE OR COUNTRY) 31

14. INFORMANT Louis Rumpf
 (Address) 807 allan ave

15. FILED NOV 27 1932 Ray C Stanley
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1932
 17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to Nov 25, 1932
 that I last saw her alive on Nov 23, 1932, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of lungs
metastases of cancer of both breasts
 50 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 50 (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF Aug 1930
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical + microscopic
 (Signed) R. M. Rumpf, M. D.
11-26, 1932 (Address) 22783 Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Paul Cemetery DATE OF BURIAL Nov 28 1932

20. UNDERTAKER Wm. J. Robert ADDRESS 1905 1/2 Grand

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.

