

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

Do not use this space.

41895

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1005 B
City St. Louis (No. City Hospital)

File No.
Registered No. 10984
St. Ward

2. FULL NAME

(a) Residence, No. 14018 E. John 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1869

7. AGE YEARS 63 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

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. 235

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

12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

13. NAME Harry Lubert

14. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Helen

16. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12-13 1932

19. UNDERTAKER (ADDRESS) N. A. Stark and Co. 2117 Grand

20. FILED DEC 12 1932 Wm. O. Starker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1932 to Dec. 10th 1932

I last saw him alive on Dec. 10th 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Date of onset

Diabetes Mellitus

59
950
1560

Other contributory causes of importance:

59
950
1560

Gangrene of Foot.

Name of operation Amputation Date of 12-8-32

What test confirmed diagnosis? Chinl 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) Raymond Jacob, 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.

Allen