

1933  
MAR 4 1933

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

Do not use this space.

3044

1. PLACE OF DEATH

96 County St. Louis County Registration District No. 289  
Township Central Primary Registration District No. 6083 B  
City (No. St. Vincent's Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 23

2. FULL NAME Sister Afra Consbruck

(a) Residence, No. St. Vincent's Sanitarium St. \_\_\_\_\_, Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Religious

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 49 II . . . . .

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Iowa

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Sister Raphael, Supt. St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Mo DATE 2/1 1933

19. UNDERTAKER (ADDRESS) Ed Keithly, Burial Mo

20. FILED 1-31- 1933 Qolla Brey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 30, 1933. I last saw her alive on Jan 30, 1933. Death in said to have occurred on the date stated above, at 12:45 P.M. The principal cause of death and related causes of importance were as follows:

Thrombosis of left coronary artery  
Infarction gangrene  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 79

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) Samuel D. Hoff, M. D.  
(Address) St. Vincent's Sanitarium

