

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1000**
City **St. Louis** (No. **3333**) **California Ave**

3227
File No.
Registered No. **110** St. Ward)

2. FULL NAME

(a) Residence, No. **3333 California Ave**, **24** Ward. (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

MEDICAL CERTIFICATE OF DEATH

| | | |
|---|--|---|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <i>August Garbelow</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>February 1-1861</i> | | |
| 7. AGE | YEARS <i>71</i> | MONTHS <i>11</i> |
| | DAYS <i>1</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i> | |
| | 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) <i>St. Louis Mo.</i> | | |
| MOTHER FATHER | 13. NAME <i>Hugh Maguire</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i> | |
| | 15. MAIDEN NAME <i>Anna Mullen</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i> | |
| 17. INFORMANT <i>Blanche Kohnmann</i> (ADDRESS) <i>3333 California Ave</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Old St. Marcus</i> DATE <i>Jan. 5 1933</i> | | |
| 19. UNDERTAKER <i>Thos. Kutis</i> (ADDRESS) <i>2906 Gravois Ave</i> | | |
| 20. FILED <i>JAN -4 1933</i> <i>W. O. Stanley</i> Registrar. | | |

21. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 2 1933*

22. I HEREBY CERTIFY That I attended deceased from *SEPT 7th 1932*, to *JAN 2nd 1933*

I last saw h. or alive on *JAN 2nd 1933*. Death is said to have occurred on the date stated above, at *8:25 p.m.*

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

Carcinoma of liver Date of onset *1 yr*

46E

131 46E

Other contributory causes of importance:
Chronic interstitial nephritis *Many yrs*

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

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? *No*
If so, specify
(Signed) *E. M. Schrieber*, M. D.
(Address) *2327 So. 12th St.*

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.

