

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

Do not use this space.

7080

1. PLACE OF DEATH

County St. Louis Registration District No. 245-
 Township Kirkwood Primary Registration District No. 30.37
 City Kirkwood (No. 1043 Big Bend) St. 69 Ward

2. FULL NAME

Helen Astholz
 (a) Residence, No. 1043 Big Bend St. Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alie Astholz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1881
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 - 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Jackson Missouri

13. NAME August Kuellmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Hesse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Alie Astholz 1043 Big Bend

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE Feb 25 1933

19. UNDERTAKER (ADDRESS) Parker and Webster Moves

20. FILED 2/27 1933 P. E. Bennett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933
 22. I HEREBY CERTIFY That I attended deceased from 9/28 1932 to 2/26 1933
 I last saw him alive on 2/26 1933 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of Womb
& all organs
 Date of onset _____
 Other contributory causes of importance: 48

Name of operation Tumor Date of _____
 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? _____ 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) P. B. Cappel, M. D.
 (Address) 3239 Phosphate Ave

WHILE WAITING WITH UNPAID 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.

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