

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

Do not use this space.

7510

1. PLACE OF DEATH

County..... Registration District No. *40303*
Township..... Primary Registration District No. *Lutheran Hospital*
City..... (No. *9*)

File No.
Registered No. **1465**
St. Ward)

2. FULL NAME

Johanna Daumüller
(a) Residence, No. *5061 Dawson Ave* St. *9* Ward.
(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 <i>Female</i>	4. COLOR OF 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>Charles Daumüller</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 10, 1882</i>		
7. AGE	YEARS <i>51</i>	MONTHS 11
		DAYS 11
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	<i>50</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>60</i>	<i>90</i>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

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

13. NAME *Herman Gabe*

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

15. MAIDEN NAME *Katarina Potting*

16. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

17. INFORMANT *Charles Daumüller*
(ADDRESS) *5061 Dawson Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *S.S. Depot + Paul* DATE *19*

19. UNDERTAKER *Goodnight + Goodnight*
(ADDRESS) *2828 Main Ave*

20. FILED *FEB 12 1933*
Max Starkey
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 10, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *July 10, 1933*, to *Feb 10, 1933*
I last saw her alive on *Feb 9, 1933*. Death is said to have occurred on the date stated above, at *6:10 a.m.*

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

Carcinoma right breast (No metastasis) Systemic toxemia Simulating Acute Pellagra 10-1-33
Date of onset *5-15-33*

Other contributory causes of importance: *Ch Endocarditis* ?

Name of operation *Amputation Breast* Date of *7-21-33*

What test confirmed diagnosis? *Autopsy* 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? *no*
If so, specify

(Signed) *Edmund Bennett*, M. D.
(Address) *1504 So 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.

RESERVED FOR BINDING

1. [Illegible]

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18-86

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