

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

Do not use this space.

15079

1. PLACE OF DEATH

County..... Registration District No. 79A
Township..... Primary Registration District No. 2003
City St. Louis (No. 2724) 13th St. Ward

File No.
Registered No. 3605
St. Ward)

2. FULL NAME

(a) Residence, No. 2724 S 13th St. 23 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 123

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

13. NAME Christ Noss

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Anderson
2724 S 13th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Apr 22, 1933

19. UNDERTAKER (ADDRESS) Wackerly, Heldele
2331 Broadway

20. FILED APR 21 1933 St. Louis

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1930, to April 20th, 1933

I last saw him alive on April 20, 1933. Death is said to have occurred on the date stated above, at 5 P.M.

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

Haemorrhage of stomach and intestines due to arteriosclerosis

Other contributory causes of importance: Arteriosclerosis Hypertension Chronic

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?
If so, specify Robert Greiderer, M. D.
(Signed) _____
(Address) 1012 Seyer Ave

St. Louis Mo

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.

