

**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.
Township Primary Registration District No.
City St. Louis (No. 3740 Lincoln Ave) St. Ward

791
1003

File No.
Registered No. 3759 St. Ward

15230

2. FULL NAME

(a) Residence, No. 3740 Lincoln St., 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Erdelen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework 46</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>53</u>	
	10. Date deceased last worked at this occupation (month and year) <u>12</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
MOTHER	13. NAME <u>John Orth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Elizabeth Vogel</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>A. Erdelen</u> (ADDRESS) <u>3740 Lincoln Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>April 28 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Thm H Paschedo</u> <u>2825. No Grand St</u>		
20. FILED <u>APR 26 1933</u> <u>May C. Parker</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17 1933, to April 25 1933
I last saw her alive on April 25 1933 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

<u>Acute Obstruction of bowels</u>	Date of onset <u>4 days</u>
<u>Multiple Carcinoma (Abdomen & Colon)</u>	<u>6 m</u>
<u>Primary seat unknown</u>	

Name of operation None Date of
What test confirmed diagnosis? 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?
If so, specify Geo B Kroger M. D.
(Signed) Geo B Kroger
(Address) 3442 Hallline Ave

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.

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