

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

Do not use this space.

18508

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 10013
(No. 4221 Gratiot St.)

File No.....
Registered No. 4770
St. Ward)

2. FULL NAME

(a) Residence, No. 4221 Gratiot St., 18 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 10

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

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) Switzerland

13. NAME Pierre Leube

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

15. MAIDEN NAME Underwieser

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

17. INFORMANT Aloys Herz (ADDRESS) 4221 Gratiot St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE June 1, 1933

19. UNDERTAKER Miejschauer Martiana (ADDRESS) 4221 Gratiot St.

20. FILED MAY 31 1933 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 28, 1933

I last saw her alive on May 28, 1933 Death is said to have occurred on the date stated above, at 12 P. m.

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

48 Cancer of uterus May 30
48

Other contributory causes of importance:

Melanotic to liver Jan, 33

Name of operation None Date of.....
What test confirmed diagnosis Biopsy 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.....

(Signed) H. H. Helberg M. D.
(Address) 4963. Clouster Ave.

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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