

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

Do not use this space.

21166

File No. _____
Registered No. **4937**
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **111**
City **St. Louis Mo** (No. **2128, De Soto Ave**)

2. FULL NAME

(a) Residence, No. **2128 De Soto Ave**, **10** 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 OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 25 - 1887</i>		
7. AGE	YEARS <i>45</i>	MONTHS <i>5</i>
	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>
	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) *St. Louis Mo.*

MOTHER FATHER 13. NAME *Charles Berger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

15. MAIDEN NAME *Sout Knout*

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

17. INFORMANT *Grace Gubaschou*
(ADDRESS) *2128 De Soto Ave.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Missouri* DATE *June 7, 1933*

19. UNDERTAKER *Hy Leidner and Co*
(ADDRESS) *1417 N. Market St.*

20. FILED *UN - 6 1933*
J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4th, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 14th, 1932, to June 4th, 1933*

I last saw him alive on *June 5th, 1933*. Death is said to have occurred on the date stated above, at *5-0* m.

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

Carcinoma of uterus
48
48

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? *clinical* Was there an autopsy? *N.D.*

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? *N.D.*
If so, specify.....

(Signed) *H. J. Walden*, M. D.
(Address) *925 N. 14th St.*

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.

