

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

Do not use this space.

21196

4969

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1042**
 City **St. Louis** (No. **4107 N. 20 St.**) St. Ward)

2. FULL NAME

Elizabeth Elaine
 (a) Residence, No. **4107 N. 20** St., **3** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 24, 1861**

7. AGE YEARS **72** MONTHS **0** DAYS **11** If LESS than 1 day, hrs. or min.

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) **Quincy, Illinois**

13. NAME **Albert Bollmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known Germany**

15. MAIDEN NAME **Lizzie Miller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known Germany**

17. INFORMANT (ADDRESS) **Clara Elaine 4107 N. 20 St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **June 8, 1933**

19. UNDERTAKER (ADDRESS) **Cluedner & Sons 3934 N. 20 St.**

20. FILED **114 - 7 1933** **J. A. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5th, 1933**

22. I HEREBY CERTIFY, that I attended deceased from **May 15, 1933** to **June 5, 1933**

I last saw her alive on **June 5th, 1933** Death is said

to have occurred on the date stated above, at **6:30 p.m.**

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

Gangrene (left leg)
50
44 B
59

Other contributory causes of importance:

Diabetes Mellitus

23. Name of operation **none** Date of

What test confirmed diagnosis **Physical Exam** 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? **no**

If so, specify

(Signed) **Edward J. Javanek**, M. D.

(Address) **539 Northland 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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