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.

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

Do not use this space.

21828

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 10 Registered No. 5639

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Mrs. Susan Harbaum

(a) Residence, No. Troy, Mo St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Fred Harbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25-1857

7. AGE YEARS 76 MONTHS 5 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 126

10. Date deceased last worked at this occupation (month and year) 127B

11. Total time (years) spent in this occupation 107A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Mo

FATHER

13. NAME Leonard Henry

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

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) R. Glaar 6916 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 30 1933

19. UNDERTAKER (ADDRESS) Kirron Lee Co 2707 N. Grand Ave.

20. FILED JUN 28 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-7-33, 19..., to 6-28-33, 19...

I last saw her alive on 6-28-33, 19... Death is said to have occurred on the date stated above, at 7:15 A.m.

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

Terminal Bronchopneumonia
Cholelethiasis
Cholecystitis
Acute Pancreatitis

Date of onset

Other contributory causes of importance: 126

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Harry Ayres, M. D.

(Address) Jewish Hospital, St. L. Mo