

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

Do not use this space.

24879

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **167**
 City **St. Louis** (No. **City Hospital**) St. **Ward**

File No.
 Registered No. **(6291)**

2. FULL NAME

(a) Residence, No. **510 St. Gabriel** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **58** 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 **Charles Wolf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 10 - 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Hook** **48**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **12**

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.**

13. NAME **Louise Marie**

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

15. MAIDEN NAME **Anna**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

17. INFORMANT (ADDRESS) **Frank Buttrick Kent City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **St Peter Paul July 26 33**

19. UNDERTAKER (ADDRESS) **Wachow Belderle 2331 Broadway**

20. FILED **61 21 33** **J. F. Breck** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7-10**, 19**33**, to **7-19**, 19**33**

I last saw her alive on **7-19**, 19**33** Death is said to have occurred on the date stated above, at **12:00 a.m.**

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

Acute Ulcerative Colitis (Etiology undetermined)
Carcinoma of Uterus

Other contributory causes of importance: **48**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Aut. Sect.** 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? **No**
 If so, specify

(Signed) **J. F. Breck** M. D.
 (Address) **City Hospital**

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.

FILE

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