

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.

NOV 10 1933

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

Do not use this space.

35196

1. PLACE OF DEATH

County Registration District No. 91
Township Primary Registration District No. 1013
City St. Louis (No. 3614, Montana) Montana

File No.
Registered No. 9413
St. Ward)

2. FULL NAME

(a) Residence, No. 3614 Montana St., 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Leingang

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1933, to October 30, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1877

I last saw her alive on October 30, 1933 Death is said to have occurred on the date stated above, at 1:30 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 8 17

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50
10. Date deceased last worked at this occupation (month and year) 50
11. Total time (years) spent in this occupation 50

Acute Cardiac
Necrosis Date of onset: Oct 30 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Indiana

Primary seat of cancer in Breast

13. NAME Unknown Mueller

Other contributory causes of importance: 50
Carcinoma of Breast
Diabetes Mellitus eyes

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

Name of operation Breast amputation Date of 1930
What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no

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

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Frank J. Leingang
(ADDRESS) 3614 Montana St.

Manner of injury..... no
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Massachusetts DATE 11/1 1932

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Wm. B. Lutz Co
(ADDRESS) 27th & Jefferson

(Signed) Wm. B. Lutz, M. D.

20. FILED Oct 31 1933 J. H. Debeck
Registrar.

(Address) 2767 Mission St.

