

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

Do not use this space.

38505

1. PLACE OF DEATH

County _____ Registration District No. 1003
Township _____ Primary Registration District No. _____
City St. Louis (No. Barnes No. 17)

File No. _____
Registered No. 10168
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 115 N. Rock Hill Rd. 2000 Ward. Webster Grove Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Caracas
(STATE OR COUNTRY) Venezuela

13. NAME Felipe Robert

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

15. MAIDEN NAME Julia Lion

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

17. INFORMANT Fernando E. Kern
(ADDRESS) 115 - 2 Rock Hill Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grain Amoma DATE 11/26 1933

19. UNDERTAKER H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED 25 1933 J. Brebeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-30 1933, to 11-24 1933

I last saw h. deceased alive on 11-24 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Cardiac decompensation Date of onset 1931
Coronary occlusion
95B
94B
107A
Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Wm. M. MacBryde, M. D.
(Address) Barnes Hospital
St. Louis

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.

1933

MA

23
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OCCUPATION
FATHER
MOTHER

