

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

Do not use this space.

41603

PLACE OF DEATH
 County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Mary Subbert (Subbert)
 (a) Residence No. _____ Ward _____
 (Usual place of abode) 1622 St. Bernard Near Ward 23
 Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 10628

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>5</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>2</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Home</u>
	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)	<u>Germany</u>	
FATHER	13. NAME	<u>George ?</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
MOTHER	15. MAIDEN NAME	<u>Anna Subbert</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
17. INFORMANT (ADDRESS)	<u>Dr. J. B. Beck City Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt Hope Cem</u>	DATE <u>Dec. 13 1933</u>
19. UNDERTAKER (ADDRESS)	<u>Ziegenhain Bros. 2623 Cherokee St.</u>	
20. FILED	<u>1933</u>	19 <u>12</u> <u>13</u> <u>J. Beck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1933 to 12-10 1933
 I last saw her alive on 12-10 1933; Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetic mellitus Date of onset _____
Unassisted Ventral hernia
122 A (post-operative)
59
93 C
 Other contributory causes of importance:
chr. myocarditis
 Name of operation Repair of hernia Date of 4/1/33
 What test confirmed diagnosis? Chemical 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? _____
 If so, specify Diabetic Mellitus
 (Signed) _____ M. D.
 (Address) City Hosp

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 very important.

THIS IS A PERMANENT RECORD

26 1933

10
10
80

