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.

MAR 24 1934

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

Do not use this space.

3468

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1165

City St Louis (No. 3543 Illinois ave St. ..... Ward)

2. FULL NAME Alice Lattermann

(a) Residence, No. 3543 Illinois St., 24 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Lattermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20th 1898

7. AGE: YEARS 35 MONTHS 4 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
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): Valle Mines Mo.

FATHER
13. NAME: William Armbruster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Valle Mines Mo.

MOTHER
15. MAIDEN NAME: Cora Arnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo.

17. INFORMANT (ADDRESS): Cora Armbruster Valle Mines Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valle Mines Mo. DATE: 2-4 1934

19. UNDERTAKER (ADDRESS): Hacker Helderle 2331 So Broadway

20. FILED: FEB -1 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 31, 1934

That saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Labor Pneumonia — Date of onset Jan 23-34

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Other contributory causes of importance:

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

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

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) Robt. O. Urban, M. D.

(Address) 3665-6 Broadway