

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

Do not use this space.

MAR 24 1934

6842

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Lutheran Hospital**)

File No.....
Registered No. **1696**
St. Ward)

2. FULL NAME

(a) Residence, No. **1955th Utah** St., **24** Ward.

(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**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Peter Sigg**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 27-1871**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	62	3	20	

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

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) (STATE OR COUNTRY) **St. Louis Mo**

13. NAME **Berman Graber**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

15. MAIDEN NAME **Caroline Landherr**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Peter Sigg** (ADDRESS) **1955th Utah St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S S Peter & Paul** DATE **Feb 19** 19**34**

19. UNDERTAKER **Thos. Rutes** (ADDRESS) **2906 Spruce**

20. FILED **Feb 19** 19**34** **J. Brebeck** Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 16** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **February 9**, 19**34**, to **February 16**, 19**34**

I last saw her... alive on **February 16**, 19**34** Death is said to have occurred on the date stated above, at **10:55 A.M.**

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

Myocarditis - Chronic Date of onset **?**
126
93C
122B

Other contributory causes of importance **176**
Jaecemia from intestinal obstruction due to large gallstone surrounded by fecal impaction **10 days**
Name of operation **Lithotomy for stone** Date of **Feb. 9-34**
What test confirmed diagnosis? **ECG** 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) **J. Lewis Shotton**, M. D.
(Address) **3400 California**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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