

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3009 Oregon ave**) St. Ward)File No. **14628**
Registered No. **3814**

2. FULL NAME

(a) Residence, No. **3009 Oregon St., 24** 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 19, 1841</i>		
7. AGE	YEARS <i>93</i>	MONTHS <i>2</i>
	DAYS <i>26</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Missouri</i>		
FATHER	13. NAME <i>Hy Erb</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Lucretia</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Hy Fried</i> (ADDRESS) <i>3009 Oregon ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walter No.</i> DATE <i>Apr 17, 1934</i>		
19. UNDERTAKER <i>Thos. Ritter</i> (ADDRESS) <i>2906 Goodwin ave</i>		
20. FILED <i>J. H. Beedeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 14th* 19*34*
22. I HEREBY CERTIFY, That I attended deceased from *March 25th* 19*34* to *April 14th* 19*34*
I last saw him alive on *March 14th* 19*34* Death is said to have occurred on the date stated above, at *11 A. M.*
The principal cause of death and related causes of importance were as follows:*1065*
Chronic Bronchitis
Other contributory causes of importance
*1065*Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*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) *Paul J. Hill M. D.*
(Address) *Jefferson 48 200*

