

DEC 13 1934

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

Do not use this space.

40716

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis Mo. (No. West Lake Hospital)File No.
Registered No. 10652
St. Ward)

2. FULL NAME

(a) Residence, No. 3643 Easton St., 11 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oscar Kirsape</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>0</u>
	DAYS <u>9</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>Housewife</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>Wisconsin</u>		
MOTHER	13. NAME <u>M^m Lemitz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Conit Knapp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Oscar Kirsape</u> <u>3643 Easton Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Nov 6, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Promast Und. Co.</u> <u>3710 N. Grand Blvd.</u>		
20. FILED <u>NOV - 5 1934</u> <u>J. H. Bredeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1934, to Nov 3, 1934I last saw h.e.r. alive on Nov 3rd, 1934 Death is saidto have occurred on the date stated above, at 6:50 A.M.

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

Date of onset

Brain Tumor Benign ? 1931Brain abscess ? 1931

Other contributory causes of importance:

Pulm. edema 54 DCardiac FailureName of operation Crematory Date of June 27, 1934What test confirmed diagnosis? none 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

(Signed) W. J. Sudoff, M. D.(Address) W. Mary Hoft Gray

Dr. Magill.