

DEC 13 1934

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

Do not use this space.

41060

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *4155*)St. *Flora Pl.* (Ward)

File No.

Registered No. **11009**

2. FULL NAME

(a) Residence, No. *4230 Lafayette Ave 17th Ward.*

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 *Sam M. Shaffer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 18 - 1878*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *56 9 28*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*

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 *Louise Briedenbach*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Wilhelmina Appel*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Sam M. Shaffer*18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *Nov 18 34*19. UNDERTAKER *Wacker Selderte*20. FILED *NOV 19 1934* *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 16 34*22. I HEREBY CERTIFY That I attended deceased from *Sept 10 - 34* to *Nov 13 - 34*I last saw her alive on *11 - 15 - 19 34* Death is saidto have occurred on the date stated above, at *12:33 pm*

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

Date of onset

Cancer of Rectum

Other contributory causes of importance:

*Secondary hemorrhage*Name of operation *Proctectomy* Date of *Feb 1934*What test confirmed diagnosis? 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) *J. W. G. Thompson M.D.*(Address) *3701 Webster**(J.W.G. Thompson)*

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.

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