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

Do not use this space.

44520

File No. 44628

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. DesLoge Hospitial St. ..... Ward)

2. FULL NAME Ethel M. Appel Fohne

(a) Residence, No. 3650 Cook Ave St., NR Ward. Trenton Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Fohne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
22.	1.	7.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Trenton Ill.

FATHER

13. NAME Edgar Appel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerfield Ill.

MOTHER

15. MAIDEN NAME Ligene Zahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerfield Ill.

17. INFORMANT Mrs Ligine Appel
(ADDRESS) P.O. Box 307 Trenton Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Ill DATE Dec 10 1934

19. UNDERTAKER C. W. McLaughlin
(ADDRESS) 2301 Lafayette St Louis Mo

20. FILED Dec 7 1934 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 A.m.

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

	Date of onset
General Peritonitis, Necrosis of Uterus, Pyoverosa, Pelvic Perforation, Septicemia, Abortion following criminal abortion at the hands of	

Other contributory causes of importance:

Parties unknown.

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? Homicide Date of injury unk., 19.....

Where did injury occur? Unk.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Abortion

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Heaney, M.D.

(Address) St Louis Missouri

12/4/34

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.