

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

Do not use this space.

6793

1. PLACE OF DEATH ^{MAR 15 1935}

County St. Louis Mo Registration District No. 1000
Township Del Paul Hos. Primary Registration District No. 1000
City St. Louis Mo (No. Del Paul Hos.)

File No. _____
Registered No. 1181
St. _____ Ward _____

2. FULL NAME Elba Kissplaben
(a) Residence, No. 2617 Hadley St. 26 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Kissplaben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1889

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
45 6 5

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

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

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 Edw Hunney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT Karl Kissplaben (ADDRESS) 2617 Hadley

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 2-4 1935

19. UNDERTAKER Hunsey Linder Und. Co (ADDRESS) 1417 N. Market

20. FILED 118-2 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1935 to Feb 1 1935

I last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Myocardial
Cerebral hemorrhage.
Other contributory causes of importance:
Myocardial hypertension

Name of operation None Date of _____

What test confirmed diagnosis? Cerebral Was there an autopsy? _____

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) Chas. C. [Signature] M. D.
(Address) 3704 Westchester

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3703 Westminister

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NA. T. Allen

5373 Union

100
7-14-49
6-15-49
O'Brien
C. J.