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.

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

MAR 1 5 1935

Do not use this space.

791

7017

1. PLACE OF DEATH

County ..... Registration District No. 2 ..... File No. 5

Township ..... Primary Registration District No. 1003 ..... Registered No. 1426

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Maud Gottlob

(a) Residence, No. St. Clair Mo. St., NR Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Gottlob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th. 1881.

7. AGE: YEARS 54 | MONTHS 0 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l. Store

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. Clair Missouri

FATHER

13. NAME Hamilton A. Hibbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mary Hibbard St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL Odd Fellows Cem.
PLACE St. Clair, Mo. DATE Feb. 12th. 1935

19. UNDERTAKER (ADDRESS) Wacker Heldeile 2331 S. Broadway

20. FILED FEB 11 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935, to Feb 9, 1935

I last saw her alive on Feb 9, 1935. Death is said to have occurred on the date stated above, at 1.45 A.M.

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

	Date of onset
Acute Thyrotoxicosis	
(Post-thyroidectomy Crisis)	

Other contributory causes of importance:
Chronic Myocarditis
Arteriosclerosis

Name of operation Thyroidectomy Date of 2-7-35

What test confirmed diagnosis? lab. 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 W. G. Winn (per)
(Signed) R. Ned White, M. D.
(Address) Mo. Baptist Hospital 919 Taylor

100M-11-24-33