

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

Do not use this space.

JUN 4 1935

15189

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City 320 E. Ripa (No. _____)

Registration District No. 1123
Primary Registration District No. 6248E

File No. _____
Registered No. 156
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 320 E. Ripa St., _____ Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 7 4

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Santa Maria in Ripa
10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation 7 Months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ill.

13. NAME John C. Huth

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

15. MAIDEN NAME Clara Ackerman

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

17. INFORMANT R. Ackerman (ADDRESS) Bellville Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellville Ill. DATE 5-1-1935

19. UNDERTAKER Herbert M. Muegent (ADDRESS) Bellville Ill.

20. FILED Apr 28 1935 E. Mowbray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28-1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 25th 1935, to Apr 28th 1935

I last saw her alive on Apr 25th 1935. Death is said to have occurred on the date stated above, at 7:49 a.m.

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

April 28th 1935
Acute Heart attack
due to Acute Indigestion
Date of onset 4-28-35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

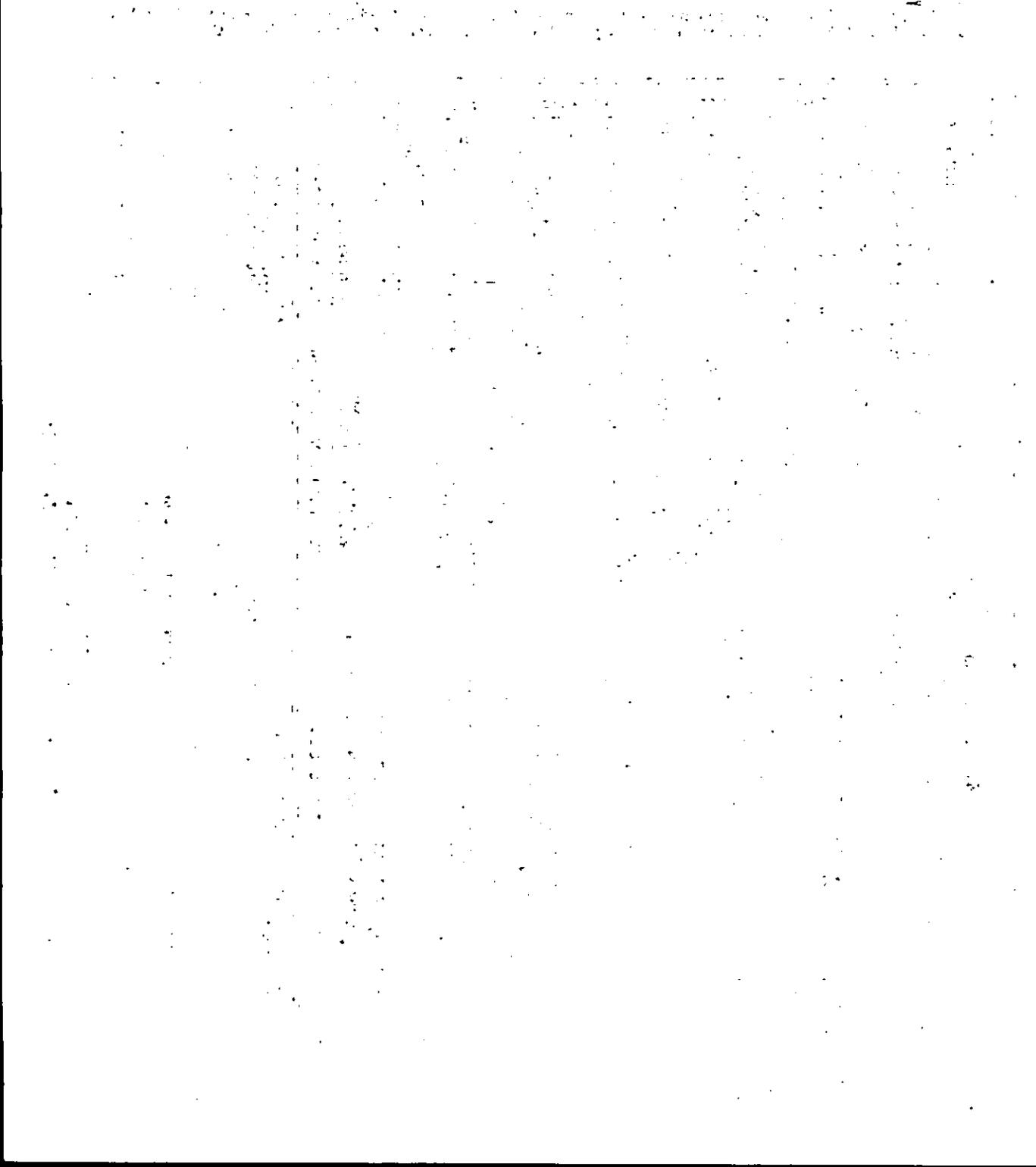
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Joseph Hardy _____ M. D.
(Address) 7602 S. Broadway St. Louis

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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1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No., St. Ward)

Registration District No. 1123
Primary Registration District No. 6248E

File No.
Registered No. 1276

2. FULL NAME

Catherine M. Hirth

(a) Residence, No. St., 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>15</u>	<u>7</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Apr 28, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 1935

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..... m.

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

acute heart attack due to acute indigestion
cause - unknown
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
If so, specify.....
(Signed) Hardy, M. D.
(Address).....

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