

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

Do not use this space.

18399

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City *St. Louis Mo* (No. *De Paul Hospital*)

File No.
 Registered No. **4753**
 St. Ward)

2. FULL NAME

(a) Residence, No. *1111 Chambers* 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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John E Duerr*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 6 - 1909*
 7. AGE YEARS *26* MONTHS DAYS *21* IF LESS than 1 day, hrs. or min.

OCCUPATION
 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. *Housewife*
 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*

MOTHER FATHER
 13. NAME *Stephen Parks*

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

15. MAIDEN NAME *Bertha Brodnick*

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

17. INFORMANT (ADDRESS) *Regina Duerr 1111 Chambers*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *May 7 1935*

19. UNDERTAKER (ADDRESS) *Central and Co 1841 Cass*

20. FILED *MAY 29 1935* *H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 27*, 19*35*

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 *2:18* m.

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

*Ante Generalized Peritonitis
 Ante Nephritis, Acute
 Sepsis, Endometritis
 Following criminal abortion*
 Other contributory causes of importance:
Homicide

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? *Yes* Date of injury *5/20*, 19*35*

Where did injury occur? *St. Louis Mo*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home
 Manner of injury *Criminal Abortion*
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) *W. J. Penney* M-D.
 (Address) *Deputy Coroner*

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.

