

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

Do not use this space.

SEP 16 1935

28106

1. PLACE OF DEATH

County _____
Township _____
City St. Louis Mo (No. 1735^e Missouri av)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 7192
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1735^e Missouri St., 23 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25/1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 29

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. _____

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) Iowa

13. NAME George Laupracht

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Barbara Mason
199 Cornelia av

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE Aug 26 1935

19. UNDERTAKER (ADDRESS) Giegersheim Bros
12623 Cherokee St

20. FILED AUG 26 1935 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1935

22. I HEREBY CERTIFY, That I attended deceased from _____

June 1910 to Aug 24 1935

I last saw h. alive on July 1935 Death happened

to occurred on the date stated above, at 11 a m.

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

Congina Pectoris
Chronic subacute myocarditis
insufficiency of cardiac vessels

Other contributory causes of importance:

Stenosis - Arteriosclerosis
Chronic Rheumatism

Name of operation none 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: no

Accident, suicide, or homicide? no 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) Marion P. Gorman

(Address) 6 Kingsbury Place 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.

