

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

Do not use this space.

31139

OCT 23 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. St. Germain DeSoyez Hospital) Registered No. **7934**
 St. Ward

2. FULL NAME

Ida Du Plessis
 (a) Residence, No. 9815 So. Broadway St., N.R. 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-OR (OR) WIFE OF Wm. Du Plessis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Luxemburg Missouri

13. NAME Fred Gebhardt

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

15. MAIDEN NAME Unavailable

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

17. INFORMANT Wm. Du Plessis
 (ADDRESS) 9815 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Sept. 23, 1935

19. UNDERTAKER O. Hoffmann & Co.
 (ADDRESS) 7814 So. Broadway

20. FILED SEP 21 1935 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935, to Sept 19, 1935

I last saw h. R. alive on September 19, 1935 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Intestinal Obstruction due to adhesive bands
cause unknown
 Date of onset 9/10/35

Other contributory causes of importance:
Broncho pneumonia

Name of operation Exploratory Date of Sept 16, 1935
 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

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) James L. Mudd, M. D.
 (Address) 1242 Missouri Street

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.

WHICH CONTAINS INFORMATION THIS IS A PERMANENT RECORD

537 No. Grand, Hu. 1st St Bldg.

Room 35