

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

Do not use this space.

34509

NOV 9 1933
1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.....)

St.....

File No.....

8950

Registered No.....

Ward)

2. FULL NAME.....

(a) Residence, No. 2935 Harper St. 20 Ward.

(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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 10 1880*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 14

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) *St. Louis Mo.*

13. NAME *George Lubolt*

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

15. MAIDEN NAME *Nellie Myllan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *Gertrude Lubolt 2935 Harper St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *10/26 1933*

19. UNDERTAKER (ADDRESS) *W. A. Hoch Blvd. Co.*

20. FILED *Oct 25 1933*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Oct 16 1935 to Oct 24 1935*

I last saw her alive on *Oct 24 1935* Death is said

to have occurred on the date stated above, at *9 A. m.*

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

Non epidemic Meningitis - (B. coli) Septicemia - (B. coli)

Date of onset

10/16/35

Other contributory causes of importance:

Acute Nephritis - Bilateral

11/4/35

Pyelonephritis - Chronic

Chronic

Rheumatism of Paraspinal Muscles - B. coli

Name of operation..... Date of operation.....

Was there an autopsy? *Yes*

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) *Eugene J. Mohr*

(Address) *1446 1/2 Belmont Blvd. M. D.*

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.

4968 Dulman Forest 4350

Res 4919 Moffitt Jan 2887

10-2

7-8 P. M.