

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

Do not use this space.

NOV 9 1935

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Central Hospital)

File No. 34597
Registered No. 9040
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4316a Gibson ave. 18 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1935

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

22. I HEREBY CERTIFY That I attended deceased from Oct 17 1935 to Oct 27 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1865

I last saw her alive on Oct 27 1935. Death is said to have occurred on the date stated above, at 4:30 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 27

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

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housewife
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

No definite disease of heart
Acute Cardiac Distention 10/27/35
Acute myocarditis due to processes of liver caused by Cholecystitis no gall stones
Other contributory causes of importance:
apexes of the liver 10/14/35

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

Name of operation Drainage of Abscess Date of 10-29-35
What test confirmed diagnosis? Clinical Was there an autopsy? no

MOTHER FATHER 13. NAME Mathilde Hungenbalker

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

MOTHER FATHER 15. MAIDEN NAME Mathilde Schmidt

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

17. INFORMANT Frank Castles
(ADDRESS) 4316a Gibson ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 10-30 1935

19. UNDERTAKER (ADDRESS) Wiegand & Sons
1001 S. Grand St. St. Louis

20. FILED 1935 J. F. Brebeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify None
(Signed) John A. Harnage M. D.
(Address) Metropolitan Bldg

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.

Julius
Dr. Hayward
Nietyp 12-4

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