DEC 3 1936

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

Do not use this space.

42690

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11198

City St Louis (No. Barnard Skin & Cancer Hospital St. ..... Ward)

3427 Washington Ave

2. FULL NAME Lina Sperber

(a) Residence, No. 5532 Delore St., 14 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 Sperber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 Th 1858

7. AGE: 78 YEARS ------ MONTHS 8 --- DAYS 15-- If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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 .....

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

FATHER

13. NAME Jost Heman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Florentin Klassing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Schulte 5532 Delore Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE Nov. 12 Th 1936

19. UNDERTAKER (ADDRESS) Edward Koch Sr 3546 N 14th St

20. FILED NOV 10 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/2/36, 19..., to 11/10/36, 19...

I last saw her alive on 11/10/36, 19..... Death is said to have occurred on the date stated above, at 12 35 a.m.

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

Arteriosclerotic myocarditis
Chronic nephritis
Pemphigus probably caused by cystitis - type unknown

Date of onset

Other contributory causes of importance:

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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:

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) Allen Pepper, M.D.

(Address) 3427 Washington Ave

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.