

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

35631
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St Louis Mo** (d) Street No. **St Lukes Hospital** Registered No. **9208**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. **5** ds.

2. PRINT FULL NAME **Mabel Lee Kaufmann**

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **NR Steelville Illinois** (If nonresident, give city or town and State)

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 **Alvin Kaufmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 19 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Cashkaskia Island**

FATHER 13. NAME **James Maxwell**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Moriah Grant**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Palestine**

17. INFORMANT (ADDRESS) **Alvin Kaufmann Chester Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chester Ill.** DATE **10-1 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Rouland Mortuary Service 4355 Washington**

20. FILED **OCT 1 1937** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-1 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 26 1937** to **Sept 1 1937**

I last saw her alive on **Oct 1 1937** Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

Abdominal Lipomatosis, Hypertrophic Chronic Intestinal Obstruction due to Fibroid Uterus non malignant

Date of onset **3 yrs**
6 mos

Other contributory causes of importance:

none **93C**

Name of operation **Removal of Uterus** Date of **9/29/37**

What test confirmed diagnosis? **Microsc.** 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) **Louise J. [Signature]**, M. D.

(Address) **3720 Washington**

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)