

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

8703
Do not use this space.

1. PLACE OF DEATH **1938**
 (a) County **WPH** Registration District No. **791**
 (b) Township **1** Primary Registration District No. **1002**
 (c) City **St. Louis** (d) Street No. **Josephine Hosp.** Registered No. **2292**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. ds.

2. PRINT FULL NAME **Louise Kabuss 120**
 (a) Residence, No. **2672 California Ave.** St. **23**
 (Usual place of abode, if no street address, write county or city) (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 **Divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Divorced**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 28th, 1893**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 88

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**
 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) **Festus**
 (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **William Hodge**
 14. BIRTHPLACE (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Margorite Simms**
 16. BIRTHPLACE (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

17. INFORMANT **Grace Belknap**
 (ADDRESS) **2672 California Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Chr. Yd.** DATE **Mch. 9th, 1938**

19. FUNERAL DIRECTOR **William Schumacher**
 (ADDRESS) **3013 Meramec Street**

20. FILED **MAR 7 1938** **J.P. Preidik** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mch. 6th, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Feb 27**, 19**38**, to **Mch 6**, 19**38**
 I last saw her alive on **Mch 6**, 19**38**. Death is said to have occurred on the date stated above, at **11am**.
 The principal cause of death and related causes of importance were as follows:

Gulercemia
44 d
 Other contributory causes of importance:

Name of operation **Laboratory** Date of **Na**
 What test confirmed diagnosis **Laboratory** Was there an autopsy? **Na**

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?
 If so, specify **S. J. Hauford**, M. D.
 (Signed) **S. J. Hauford**
 (Address) **3115 N. Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

10-11-2-3-7-8

STATEMENT BY LICENSED EMBALMER

I, FRED W. WETTIG, Licensed Embalmer No. 1534

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

L. E.

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

working under my personal supervision.

Signed Fred W. Wettig

Licensed Embalmer No. 1534

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.)