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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D OCT 14 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31048
8111

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X

(c) City or town St. Louis, N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis Training School
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Isabelle Mogab 210

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 12, 1901
(Month) (Day) (Year)

8. AGE: Years 38 yrs. Months 5mo. Days 29 If less than one day hr. -- min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil 9

11. Industry or business ---

FATHER
12. Name ? 9
13. Birthplace ? 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Morrison
(b) Address City Hospital, #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-22-39 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director David Van Fossen
(b) Address City Shop Morgue

19. (a) SEP 20 1939 (Date received local registrar) (b) J. F. Bridgeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11, year 1939 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from August 19, 1939 to September 11, 1939 that I last saw her alive on September 11, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Agranulocytosis (cause unknown)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy same	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1515 Lafayette. Date signed 9/12/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St. Louis, Mo

City-license #180

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.)

If this body is not embalmed, above space should be left blank.