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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29130

Township ..... Primary Registration District No. 1003 Registered No. 8638

City St Louis (No. 4834a Kossuth A St. ..... Ward)

2. FULL NAME Elizabeth Bove

(a) Residence. No. 4834a Kossuth St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 Claus. Bove

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 1853

7. AGE: YEARS 74 | MONTHS 8 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Ny Kube
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mot. Rhoner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT C. Bove
(Address) 4834a Kossuth. A

15. FILED AUG 26 1928 Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-27, 1927, to Aug 25 1928 that I last saw her alive on Aug 25, 1928, and that death occurred, on the date stated above, at 6.40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92A Cerebral Hemorrhage
82A
97
..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis and Mitral Insuf (duration) 7 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T H Divers, M. D
Aug 26, 1928 (Address) 306 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Aug 29 1928

20. UNDERTAKER: Wm. F. Paschedag
ADDRESS: 2825 No Grand. B.

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.