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.

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

Do not use this space.

43654-7G

**1. PLACE OF DEATH**

County St Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St Louis (No. 500 So Kingshighway St. Ward)

File No. — Registered No. 8

**2. FULL NAME** Press, Irma

(a) Residence. No. Eden Seminary St., 12 Ward. Webster Groves Mo (If nonresident give city or town and State)

(Usual place of abode) Webster Groves Mo.

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-4 1919

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 9 | 6 | 27 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓ 1131

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 106A

(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER S. D. Press

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wisconsin

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Scheck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

14. INFORMANT D. A. Henke

(Address) 500 So Kingshighway

15. FILED JAN -1 1929 Max C Starkey REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Dec 31, 1928 that I last saw her alive on Dec 30, 1928, and that death occurred, on the date stated above, at 4 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

Duration unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute bronchitis

non Tubercular (duration) 0 yrs. 0 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy

(Signed) A. C. Edwards, M.D

12-31, 1928 (Address) 500 S. Kingshighway

*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: St. Pauls Churchyard — DATE OF BURIAL: Jun 3 1929

20. UNDERTAKER: Hy Leidner Und Co — ADDRESS 1417 N Market Co