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

Do not use this space.

8635

File No. .....
Registered No. 2306

1. PLACE OF DEATH

County St. L
Township .....
City St Louis (No. Deaconess Hospital St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1002

2. FULL NAME Ida Nisbrue 998

(a) Residence. No. ..... St., 11 Ward. Vallmeyer Ills
(Usual place of abode) (If nonresident give city or town and State)

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: Henry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 47 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Illinois

PARENTS

10. NAME OF FATHER: M Joster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Pauline Vanthern
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Illinois

14. INFORMANT: Henry Nisbruggard
(Address): Vallmeyer Ills

15. FEB 20 1929 Filed, 19..... Reg. C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 20, 1929, that I last saw he alive on 2/19, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
4 E
2 C 448
..... (duration) ..... yrs. 2 mos. (?) ..... ds.

CONTRIBUTORY (SECONDARY) Gallstones + Carcinoma of Gall Bladder ..... (duration) ..... yrs. 2 mos. (?) ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Illinois
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Tissue Section
(Signed) A. P. Kuffel, M. D
2/20/29 19 (Address) 1021 Mo. Bldg - St Louis

*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: Vallmeyer Ill
DATE OF BURIAL: 2/23 1929

20. UNDERTAKER: C Hoffmeister & Co
ADDRESS 7814 Carondelet

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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