

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

Do not use this space.

9071

1. PLACE OF DEATH  
 County City of St. Louis, Mo. Registration District No. 29491  
 Township..... Primary Registration District No. 4093 File No. ....  
 City..... (Name of Hospital) Deaconess Hospital Registered No. 73881 Sl. .... Ward)  
 2. FULL NAME Mrs. Maud May Briegleb Roberts  
 (a) Residence. No. Deaconess Hospital St. Ward. St. Clair, Mo.  
 (Usual place of abode) Few minutes (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 72 yrs. 1 mo. 28 ds. How long in U.S., if of foreign birth? 43 yrs. 1 mo. 28 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 Lawrence Elmer Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 | 1 | 28 | — | — | —

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

9. BIRTHPLACE (CITY OR TOWN) St. Clair, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Philip Briegleb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Post Hudson  
 (STATE OR COUNTRY) Franklin Co., Mo.

12. MAIDEN NAME OF MOTHER Mary Quenler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Lillian B. Lewis  
 (Address) St. Clair, Mo.

15. FILED 762 1929 W. E. Hester  
James L. Stander REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929 to Feb 14, 1929  
 that I last saw him alive on Feb 14, 1929 and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Peritonitis  
perforated duodenal ulcer

CONTRIBUTORY (SECONDARY) ulcer (duration) — yrs. — mos. 2 da.  
perforated duodenal ulcer (duration) — yrs. — mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED St. Clair, Mo.  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
 (Signed) C. F. Briegleb, M. D.  
Feb 14, 1929 (Address) St. Clair, Mo.

\*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. Clair Cemetery  
St. Clair, Mo. DATE OF BURIAL Feb 17 1929

20. UNDERTAKER Union Furniture Co. ADDRESS Union, Mo.

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.

