

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City Clear View (No. 2913) (St. _____ Ward _____)
2. FULL NAME Minnie Weissenborn
(a) Residence. No. 2913 Clear View St. _____ Ward _____
(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.

File No. 33984
Registered No. _____

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 Richard Weissenborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 14

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) St. Louis (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm. Schnepfbaetter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katherine Mueller

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

14. INFORMANT Richard Weissenborn (Address) 2913 Clear View

15. FILED 11-8 1930 Dr. Carl J. Kauff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Oct 8, 1930 that I last saw her alive on Oct 8, 1930 and that death occurred, on the date stated above, at 11:43 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
48
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma of Ovary
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
46
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? no DATE OF...
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Lab. and physical exam
(Signed) Dr. A. Kemberly M. D.
10-9-1930 (Address) 7303^a Natural Bridge

*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 Friedens DATE OF BURIAL Oct 11 1930

20. UNDERTAKER Arthur Lullo - 2707 9th Grand ADDRESS

