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

Do not use this space.

37520

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City Stl Louis (No. Luthern Hospital St. ..... Ward)

File No. .....

Registered No. 10598

2. FULL NAME Alma F. Averbeck

(a) Residence. No. ..... St., 24 Ward. Beck Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Averbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	4	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beck
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Casper Noll

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

12. MAIDEN NAME OF MOTHER Fredia Weslah

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

14. INFORMANT John E. Averbeck
(Address) Beck Mo.

15. FILED NOV -8 1930 19 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. ~~#0~~ 7 1930

17. I HEREBY CERTIFY, That I attended deceased from October 24, 1930, to Nov. 7, 1930 that I last saw her alive on Nov. 7, 1930, and that death occurred, on the date stated above, at 12,45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Glioma (Degenerated) of Brain Malignant

530 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Surgical Shock

30 minutes (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Beck, Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 7, 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? physical, clinical & laboratory findings

(Signed) A. L. Hertel, M. D.

11/8, 1930. (Address) 3608 S. Grand Bl.

*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	DATE OF BURIAL
Beck Missouri	11,10,30

20. UNDERTAKER	ADDRESS
F. H. Heiligtag	Antonia Mo.