

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

Do not use this space.

40757

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Sanitarium

File No.
Registered No. 11396
St. Ward)

2. FULL NAME

(a) Residence No. 4271 Washington Bldg 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>4</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Joseph Tobler 5700 Grand

15. FILED 11/13/30 REGISTRAR Max C. Starker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/3/30 19

17. I HEREBY CERTIFY, That I attended deceased from 11/20/27, 19, to 12/3/30, 19, that I last saw h. alive on 12/3/30, 19, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane
83
304
(duration) 3 yrs 4 mos 15 ds.

CONTRIBUTORY (SECONDARY) Syphilis
(duration) 3 yrs 4 mos 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Spinal & Papillary

(Signed) Joseph Tobler M. D.

12/4/30, 19 (Address) 5700 Grand

*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 Missouri Crematory DATE OF BURIAL Dec 4 1930

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167 1/2 Hamilton

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.

RECORD

