

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

Do not use this space.

32354

1. PLACE OF DEATH

County St. Louis Registration District No. 786 File No. _____
 Township CENTRAL Primary Registration District No. 4469 Registered No. 79
 City Maplewood Mo. (No. 7516 WOODLAND AVE.) St. _____ Ward _____

2. FULL NAME Elizabeth Notter

(a) Residence, No. 7516 Woodland Ave. Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EDWARD J. NOTTER.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 13th 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>		
FATHER	13. NAME <u>CHAS. BECKER.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY.</u>	
MOTHER	15. MAIDEN NAME <u>NOT KNOWN.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NOT KNOWN.</u>	
17. INFORMANT <u>MR. WALTER NOTTER.</u>		
(ADDRESS) <u>7237 BRUNO AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>FRIEDRMS CEM.</u>	DATE <u>Sept. 26 1931</u>
19. UNDERTAKER <u>CROCHAN UND. CO. INC.</u>		
(ADDRESS) <u>7146 MANCHESTER AVE.</u>		
20. FILED <u>9/24 1931 Mercedes Schuster</u>		
Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Sept 24, 1931
 I last saw him alive on Sept 24, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Embolic
Valvular Insufficiency
92A

Date of onset June 2 1928.
Sept 24 1931

Other contributory causes of importance:
Endocarditis Oct 25 1926.

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there (an autopsy)? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) V. B. Cosby M. D.
 (Address) 7342 Manchester ave.

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.

OCT 26 1931

RECORD WITH ORIGINAL INFORMATION—THIS IS A PERMANENT RECORD

