

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

Do not use this space.
27644

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
7 Township Capitol Hill Primary Registration District No. 6248H
7 City Richmond (No. St. Marys Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Stanton all
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Geipel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 8 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Stanton Ill

13. NAME Fred Ullmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Martha Bachman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT: John Geipel
(ADDRESS) 6716 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Stanton Ill DATE Aug 14 1933

19. UNDERTAKER (ADDRESS) Buntman and Co. Stanton Ill

20. FILED Aug 17 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12 1933, to Aug 11 1933

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Aplastic Anemia
11A 71A
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) Kroner H. Hume M. D.
(Address) 504 Metropolitan Bldg

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. SEP 26 1933

