JUN 4 1928

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

Do not use this space. 10558

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 42
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 6946 Waterman Ave. St. Ward)

2. FULL NAME Elizabeth Tickemeyer
(a) Residence. No. 6946 Waterman St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rudolph Tickemeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	4	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

PARENTS
10. NAME OF FATHER Henry Dreyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Catherine Hackman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Mr. Harry W. Tickemeyer
(Address) 6946 Waterman Ave

15. FILED 4-3 1928 Lillian Bruns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1928, to March 31, 1928 that I last saw her alive on Mar. 30, 1928, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arterio-sclerosis with a chronic myocarditis
131
936
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Intercrepitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A F Henke, M.D
Apr. 2, 1928 (Address) 2206 Howard St.

*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: St Peters Cem.
DATE OF BURIAL: April 3 1928
20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton

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.

[illegible]

2206 [illegible]

[illegible]