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

Do not use this space.
7926

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: Mery (No. Sancta Maria in Ripa St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 F

File No.
Registered No. 70

2. FULL NAME Sister Basilissa Arnsdorff
(a) Residence. No. St., Ward.
(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.

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.

MAR 27 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15. 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	1	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kappelen
(STATE OR COUNTRY) Luxembourg

PARENTS
10. NAME OF FATHER Theodor Arnsdorff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Susanna Andiman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mother M. Odendis
(Address) Sancta Maria in Ripa

15. Feb 13 1929 L. C. Obrock M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from December, 1928, to Feb 7th, 1929, that I last saw her alive on 2-7-29, 1929, and that death occurred, on the date stated above, at 7:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Diabetes Mellitus (duration) yrs. mos. ds.

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

57

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? Urine - Blood
(Signed) Albert Adsen, M. D.
, 19 (Address) 5380 Cortez Av

*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: Sancta Maria in Ripa
DATE OF BURIAL: 2/13 1929

20. UNDERTAKER: C. Hoffmeister U. & Co.
ADDRESS: 7814 S. Broadway

217
10
31
31

CARONDELET

CARONDELET