

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

Do not use this space.

8186

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5536, Plow Ave)

File No. 1888
Registered No. 1888
St. Ward)

2. FULL NAME

Charlotte Sammebaum
(a) Residence. No. 5536 Plow Ave St. 7 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 — 16

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Herman Westing

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

12. MAIDEN NAME OF MOTHER Winkson

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

14. INFORMANT Mrs O Burgdorf
(Address) 5536 Plow Ave

15. FILED 5536 1929 May 17 Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1904 to Jan 5 1929 that I last saw her alive on Feb 4 1929 and that death occurred, on the date stated above, at 7:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency
92H
126
(duration) 3 yrs. mos. ds.

CONTRIBUTORY Biliary Calculi
(SECONDARY)
(duration) 22 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. A. Van Hoefen, M. D.

2/7 . 19 29 (Address) 8313 Halls Ferry

*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 DATE OF BURIAL

New Bethelam 7/8 1929

20. UNDERTAKER ADDRESS 1936
Thos H Biederwieden St Louis

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.

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