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

Do not use this space.

File No. 19559
Registered No. 5159

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1002
City St. Louis Mo. (No. 2635 Iowa Ave. St. ..... Ward) -

2. FULL NAME Catherine Menzemer

(a) Residence. No. 2635 Iowa Ave. St., 23 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-1-98

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2-1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	11	4	

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

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

PARENTS
10. NAME OF FATHER George Blum
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mehlin Kundija
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Henry Buhrmester
(Address) 2635 Iowa Ave.

15. FILED MAY -8 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 - 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan 1925, to May 5 1929 that I last saw h. alive on May 5 1929, and that death occurred, on the date stated above, at 2:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Myocarditis with Acute Cardiac Dilitation
(duration) 4 yrs. 3 mos. ? ds.

CONTRIBUTORY (SECONDARY) Chr Interstitial Nephritis
(duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam & Urinalysis

(Signed) P H Zimmer M. D.
5/6, 1929 (Address) 2146 So Grand Bl

*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 New Pickens Cem. DATE OF BURIAL 5-8-1929.

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee ADDRESS