

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

Do not use this space.

35305

1. PLACE OF DEATH

County.....
Township.....
City..... ST. LOUIS (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10047 (Ward)

2. FULL NAME LOUISA VANDER PLUYM

(a) Residence No. 4971 LEAHEY 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 29TH 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 13

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER HENRY HUELSEBUSCH

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

12. MAIDEN NAME OF MOTHER NOT KNOWN

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

14. INFORMANT Edward Vander Pluym
(Address) 4971 Leahy Ave

15. FILED 1929 Max C. Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-12-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1929 to Oct 12 1929, and that I last saw her alive on Oct 12 1929, and that death occurred, on the date stated above, at 4:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
911 (duration) yrs. mos. ds.
CONTRIBUTORY Senility Arterio Sclerosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Palpation Auscultation
(Signed) A. Jettinger, M. D.
, 19 (Address) 3600 N 14th 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 Calvary Cemetery DATE OF BURIAL Oct 15th 1929

20. UNDERTAKER Edward Koch ADDRESS 3576 N 14th

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

