NOV 28 1930

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

Do not use this space.

33978

1. PLACE OF DEATH
County St Louis — Registration District No. 784
Township St Ferdinand — Primary Registration District No. 6030
City Jennings Mo (No. 2042 Belle Ave St. Ward)

File No.
Registered No.

2. FULL NAME Theresa Mary Kill
(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.

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: Widow of (Mathew Kill)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 19th 1868

7. AGE: YEARS 62 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: George Brommer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elizabeth Remmeler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: George Brommer
(Address) 2042 Belle Ave Jennings

15. FILED Oct 23 1930 Dr. Carl J. Roantz Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1930, to 10/30 1930, that I last saw her alive on 10/20 1930, and that death occurred, on the date stated above, at 11-30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerbral Hemorrage
[illegible]
1 1/2 hours (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. M. [illegible], M. D.
10-23, 1930 (Address) 8615 Jennings Rd

*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: Valhalla — DATE OF BURIAL: Oct 23 1930

20. UNDERTAKER: Math Hermann & Son — ADDRESS: 2161 Fair Ave

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.