

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

Do not use this space.

26683

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **6413**) **City Hospital**

File No.

Registered No. **7862**

St. Ward)

2. FULL NAME

(a) Residence, No. **4207**

(Usual place of abode)

St. **Westminster** Ward **19**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **27** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <i>female</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Dr. C. L. Mandersbach</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 18 - 1863</i> | | |
| 7. AGE | YEARS <i>68</i> | MONTHS <i>-</i> |
| | DAYS <i>26</i> | IF LESS than 1 day, hrs. or min. |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | 11. Total time (years) spent in this occupation..... |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tava Ill.*

13. NAME *Mrs. Boldt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *German*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *No Cemetery* - DATE *July 16, 1931*

19. UNDERTAKER (ADDRESS) *Hoffmister Funeral - 1128 Market*

20. FILED *Max C. Starkent* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14, 1931*

22. I HEREBY CERTIFY That I attended deceased from *July 12, 1931, to July 14, 1931*

I last saw her alive on *July 14, 1931*. Death is said to have occurred on the date stated above, at *2:20 P.*

The principal cause of death and related causes of importance were as follows:

121 Chronic myocarditis

Other contributory causes of importance:

chronic nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *J. J. Pechman*, M. D.

(Address) *City Hospital*

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.

