

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

Do not use this space.

**26904**

**1. PLACE OF DEATH**

County.....

Registration District No. **5781**

Township.....

Primary Registration District No. **1008**

**5814** *St. Louis (No. City, Hosp.)*

File No.....  
Registered No. **8106**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. **1870** *menards* St., **23** Ward.

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. (If nonresident, give city or town and State)

**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>widowed</i>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 3 - 1861</i>				
7. AGE	YEARS <i>70</i>	MONTHS <i>5</i>	DAYS <i>18</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>nil</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) *Germany*

13. NAME *Unknown*

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

15. MAIDEN NAME *"*

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

17. INFORMANT (ADDRESS) *No. 22 1/2 St. Louis City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Bethlehem* DATE *July 23, 1931*

19. UNDERTAKER (ADDRESS) *Wich Bros. 22 1/2 St. Louis*

20. FILED *41 22 1/2 St. Louis* Registrar *W. J. Baker*

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from *July 3rd, 1931, to July 21st, 1931*  
I last saw her alive on *July 21st, 1931*. Death is said to have occurred on the date stated above, at *7:15 P.M.*  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Chronic diffuse nephritis  
131  
930  
Other contributory causes of importance:  
16 Trinitroly  
131

Name of operation..... Date of.....  
What test confirmed diagnosis? *clinical* 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 *I m m amish.*

(Signed) *W. J. Baker*, 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.

