

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

Do not use this space.

27013

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo. (No. 3755 Stosouth Ave.)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 8218  
St. .... Ward)

**2. FULL NAME**

Mathilda Suabedissen  
(a) Residence, No. 3755 Stosouth Ave. St. 10 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1865

7. AGE YEARS 66 MONTHS 1 DAYS 15 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

13. NAME Henry Beyer.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Florence Suabedissen (ADDRESS) 3755 Stosouth Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 28 1931

19. UNDERTAKER W. J. Leidner (ADDRESS) 1477 N. Market St.

20. FILED 28 131 W. C. Starn Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1931

22. I HEREBY CERTIFY, That I attended deceased from JAN 20 1931 to JULY 24 1931

I last saw h. 2R alive on JULY 23 1931 Death is said to have occurred on the date stated above, at 7<sup>15</sup> A.m.

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

Myocarditis chronic Date of onset 6/2/31  
Cardiac Dilatation  
131  
93c  
57A

Other contributory causes of importance:  
Chronic Arthritis  
Bright's Disease

Name of operation Chronic Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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? no

If so, specify No  
(Signed) W. C. Starn, M. D.  
(Address) 4356 Trant Ave

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.

