

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

Do not use this space.

29302

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township West Walnut Primary Registration District No. 6033B
 City West Walnut No. 5540 Hamilton Av St. _____ Ward _____

File No. _____
 Registered No. 265
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 540 Hamilton St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Esroh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13 - 1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>John Bauernschmidt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Kruse</u>		
18. BURIAL CREMATION OR REMOVAL (ADDRESS) DATE <u>St. Peter & Paul</u> DATE <u>Aug 18</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Moydell</u>		
20. FILED <u>8/16/31</u> 19 <u>31</u> <u>J. J. Jolla, Tracy M. D.</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1931, to 8-15-, 1931
 I last saw h. 2 alive on 8-14-, 1931. Death is said to have occurred on the date stated above, at 8:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1-1-39
930
1321
162
 Other contributory causes of importance
nephritis & diabetes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury _____, 19____
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. F. Murray, M. D.
 (Address) 1931-89 - N. Louis, Mo.

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.

SEP 25 1931

STATE DEPT. WITH CONTINUING INTEREST THIS IS A PERMANENT RECORD

