

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

Do not use this space.

29599

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3119) Lemp Ave

File No.....  
Registered No. 8626  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 24 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Phillipina Querr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1858</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>
	DAYS <u>26</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>Cigar maker</u>	11. Total time (years) spent in this occupation <u>30 yrs</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self.</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Unavailable</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
MOTHER	15. MAIDEN NAME <u>Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Phillipina Querr</u> <u>3119 Lemp Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Aug 11</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister, U. Bldg.</u> <u>1177 N. 7th St. St. Louis</u>		
20. FILED <u>AUG 10 1931</u> <u>St. Louis</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1931 to Aug 8 1931  
I last saw him alive on Aug 8 1931 Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
chronic interstitial nephritis - 10 yrs.  
Myocarditis Chronica

Other contributory causes of importance:  
131  
920/131

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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 Otto Hansen M. D.  
(Signed) 3156 Park Ave  
(Address)

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.

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