WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

42669

File No.

Registered No. 12587

1. PLACE OF DEATH

County

Township

City St. Louis. (No. 4237 Louisiana Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1002

2. FULL NAME Bernardina E. Bloemker.

(a) Residence, No. 4237 Louisiana Ave. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	1	8.	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Rudolph Rolfes.

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

MOTHER

15. MAIDEN NAME Angela Hoeving.

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

17. INFORMANT John G Bloemker
(ADDRESS) 4237 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Dec. 22, 31

19. UNDERTAKER F. G. Lubke Fu. Co.
(ADDRESS) 2842 Keramec St.

20. FILED DEC 21 1931 Mary C. Starke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Dec 19, 1931.
I last saw her alive on Dec 18, 1931. Death is said to have occurred on the date stated above, at 5:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
131	
1358	

131

Other contributory causes of importance:
Cystitis

Name of operation 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?
If so, specify

(Signed) [illegible], M. D.
(Address) 3600 Gravois Ave.