

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

Do not use this space.

3235

1. PLACE OF DEATH

County Registration District No. 70^{II}
 Township Primary Registration District No. 170^{II}
 City St. Louis (No. City Hospitals)

File No.
 Registered No. 1007
 St. Ward)

2. FULL NAME

(a) Residence, No. 1519 Rapson St. Ward 22^I
 (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? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 29

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

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 Bachmann

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

15. MAIDEN NAME Margaret Winkhou

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

17. INFORMANT (ADDRESS) Hospital Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 1-31-1932

19. UNDERTAKER (ADDRESS) Beeth Bros

20. FILED JAN 30 1932 Mal C. Tancien Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29th, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 18th, 1932 to Jan. 29th, 1932

I last saw her alive on Jan. 29th, 1932 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Chronic Myocarditis.

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clonal 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
 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 1
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Raymond H. ... M. D.
 (Address) St. Peter's 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.

