

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

Do not use this space.

6815

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 5106
City St. Louis (No. 3548, Pestalozzi St., 16 Ward)

File No. _____
Registered No. 1894
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3548, Pestalozzi St., 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27 - 1882</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>10</u>
	DAYS <u>29</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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>St. Louis Mo</u>		
MOTHER	13. NAME <u>William Scherrer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Elizabeth Huber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Max Paffrath</u> (ADDRESS) <u>3548 Pestalozzi</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Church</u> <u>Feb 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker & Helderle</u> <u>2331 S. Olive</u>		
20. FILED <u>FEB 27 1932</u> <u>Wacker & Helderle</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1932

22. HEREBY CERTIFY, That I attended deceased from Jan 17 1932, to Feb 25 1932

I last saw her alive on Feb 25 1932 Death is said

to have occurred on the date stated above, at 9 P m.

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

Cerebral Apoplexy 725
82 A
1390 J. J. W.
102

Other contributory causes of importance:

Hypertension 17
Chinensis 170

Name of operation _____ Date of _____

What test confirmed diagnosis? Easy 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 _____

(Signed) W. D. Hoffenbender, M. D.

(Address) 3103 General St.

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.

