

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.

10381

1. PLACE OF DEATH

County St. Louis Registration District No. 1000
Township St. Louis Primary Registration District No. 1000
City St. Louis (No. 4506, St. Louis av. St. 11 Ward)

File No. _____
Registered No. 2424
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4506 St. Louis av. St. 11 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert H. Trader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/15/1848

7. AGE YEARS 83 MONTHS 11 DAYS 26 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Palmyra Mo.

FATHER 13. NAME Henry Baum

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Bessie Trader
4506 St. Louis av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE 3/14

19. UNDERTAKER (ADDRESS) Meek 40 Dickman
1229 East

20. FILED MAR 14 1932 W. C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932, to March 12, 1932

I last saw her alive on March 11, 1932. Death is said to have occurred on the date stated above, at 5:30 am.

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

chronic infectious nephritis Date of onset 12

Other contributory causes of importance: uremia

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? _____ 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? yes

If so, specify Chronic nephritis

(Signed) W. C. Parker M. D.

(Address) 2924 Grand

