

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

Do not use this space.

10583

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 1CD8
City St Louis (No. 4872, Goethe Ave)..... St. Ward)

File No.
Registered No. 2648
St. Ward)

2. FULL NAME Mathilda Maier

(a) Residence, No. 4872 Goethe St. 2 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Maier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 14

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. 235

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

13. NAME George Wacker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

15. MAIDEN NAME Mary Fahr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

17. INFORMANT (ADDRESS) Emil Maier
4872 Goethe Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul Cem DATE 3-22 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries
4225 N. Kingshighway

20. FILED 7-11-1932 W. C. Starnes Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1931, to 3-18, 1932

I last saw her alive on 3-18, 1932 Death is said to have occurred on the date stated above, at 9:15 A.m.

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

Chronic myocarditis
chronic mitral aetrial hypertrophy 2 yrs. ago

Other contributory causes of importance:
131
930 / 131 ①

Name of operation none 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? no
If so, specify.....

(Signed) Oliver C. Pfeifer, M. D.
(Address) 45-235 Kingshighway

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.

