

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

Do not use this space.

10737

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* No. *3860 Connecticut St.*

File No.....
Registered No. *2809*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *3860 Connecticut St.* Ward. *16*

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wm. Boldt</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 27 1858</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>3</i>
	DAYS <i>24</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	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. <i>10</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 22nd 1932*

22. I HEREBY CERTIFY, That I attended deceased from *11-27*, 19*31*, to *3-22*, 19*32*

I last saw her alive on *3-22*, 19*32* Death is said to have occurred on the date stated above, at *9:10 p.m.*

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

3 **Cerebral Hemorrhage** *11/27/31*

Other contributory causes of importance:
Hypertension - Chr. Interlobular Nephritis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Minnesota</i>
	13. NAME <i>Carl Fischer</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Mary Miller</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT (ADDRESS) <i>Carl Boldt 3860 Connecticut</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chicago Ills</i> DATE <i>Mar 24 1932</i>
	19. UNDERTAKER (ADDRESS) <i>Wm. F. Paschedag 2825 North Grand St. St. Louis</i>
	20. FILED <i>APR 23 1932</i> <i>Wm. C. Parker</i> Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Ernst Becker* M. D.
(Address) *3115 So Grand St. St. Louis*

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.

