

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.

13965

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis (No. 1475, Laurel Ave)File No. 3267
Registered No. 3267
St. Ward)2. FULL NAME Louise Eders(a) Residence, No. 1475 Laurel Ave St. 6 Ward.
(Usual place of abode)

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Eders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14, 1870</u>		
7. AGE <u>61</u>	YEARS <u>8</u>	MONTHS <u>18</u>
		DAYS <u>18</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>at home</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 Missouri</u>

FATHER	13. NAME <u>Henry Hitz</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blunker Hill 2 Illinois</u>

MOTHER	15. MAIDEN NAME <u>Dorothy Koch</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>

17. INFORMANT (ADDRESS) <u>Mr. Harry Eders</u> <u>1475 Laurel Ave</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem.</u> DATE <u>April 4, 1932</u>
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19. UNDERTAKER (ADDRESS) <u>Geo. L. Reitzsch Inc</u> <u>5966 Eastern Ave</u>

20. FILED <u>APR - 4 1932</u> <u>Max O. Anderson</u> Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 193222. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Apr 2, 1932I last saw him alive on Apr 2, 1932. Death is saidto have occurred on the date stated above, at 135 P.M.

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

Chronic myocarditisDate of onset
1931

Other contributory causes of importance:

Cancer of uterusName of operation 48 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? No

If so, specify.....

(Signed) J. A. Fisher, M. D.(Address) 5988 Eastern Ave

