

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 191
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. 2025 A.S. 11 St. 11)

File No. 14221
Registered No. 3557
St. Ward)

2. FULL NAME Margaretha Cordes

(a) Residence, No. St., 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Germany 10

13. NAME Herman Hoermann

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

15. MAIDEN NAME Margaretha Feldhaus

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

17. INFORMANT Henny J. Cordes
(ADDRESS) 2628 Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Pauls DATE April 10th 1932

19. UNDERTAKER J. G. Giffen & Co.
(ADDRESS) 2638 Minnesota Ave.

20. FILED APR 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5th 1932 to April 10th 1932
I last saw h. or alive on April 10th 1932. Death is said to have occurred on the date stated above, at 7:35 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
43e 108
Date of onset 4/5/32

Other contributory causes of importance:
Chronic myocarditis

Name of operation none Date of none
What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19...
Where did injury occur?, 19...
(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) H. Giffen, M. D.
(Address) 2628 Minnesota

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.

WITH OBTAINING INK—THIS IS A PERMANENT RECORD

