

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

Do not use this space.

21509

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5033 Lansdowne)

File No.....
Registered No. 6076
St. Ward)

2. FULL NAME

Johanna (Saefer) Saefer
(a) Residence, No. 5033 Lansdowne St. 14 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Frank Saefer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 1861</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>1</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation.....
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).....		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	13. NAME <u>Henry Sommer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Katherine Imbroth</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
FATHER	17. INFORMANT (ADDRESS) <u>Mrs. Kate Luehans</u> <u>5033 Lansdowne</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>July 1</u> 19 <u>32</u>
MOTHER	19. UNDERTAKER (ADDRESS) <u>A. Brown & Co.</u> <u>2707 N. Grand Blvd</u>
	20. FILED <u>May 29 1932</u> <u>May C. Stanley</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1932

22. I HEREBY CERTIFY, that I attended deceased from June 1 to June 29.
I last saw her alive on June 29. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
arterial sclerosis
Cerebral hemorrhage June 27
82A (apoplexy)
97
Other contributory causes of importance:
82A

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? No
If so, specify.....
(Signed) Fred S. Brown M. D.
(Address) 5022 Riverside

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

