

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

Do not use this space.

24800

701
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 5118 South Grand St. St. Louis, Mo.)
Registered No. 6947 (Ward)

2. FULL NAME

(a) Residence, No. 5018 Grand Bl. 15 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 5 16

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

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 August O. Pfermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 310

15. MAIDEN NAME Augusta Jaenzel

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

17. INFORMANT (ADDRESS) Anthony Schlosser 5018 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial, Os Park DATE July 29 1932

19. UNDERTAKER (ADDRESS) John L. Ziegenhagen, 2027 1/2 N. 1st St. St. Louis, Mo.

20. FILED 27 1932 19 May C. Starke Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 26 1932
I last saw him alive on July 26 1932 Death is said to have occurred on the date stated above, at 3 A. M.

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

131 cerebral hemorrhage

935
278 131

Other contributory causes of importance:

chronic nephritis
chronic nephritis
hypertension

Name of operation None Date of.....

What test confirmed diagnosis Path. Study 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) Edwin H. King M. D.
(Address) 3772 Broadway

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.
 Edm. H. Engel 3864 S. Spring La 7190
 3772 Broadway
 7-26-32

