

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.

NOV 28 1932

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

Do not use this space.

**33417**

1. PLACE OF DEATH  
 96 County ..... Registration District No. *988*  
 12 Township ..... Primary Registration District No. *44th & Locust*  
 8 City *Webster Groves Mo* (No. *11*) *Wentworth St. Temporary Grounds* (Ward) *98*

2. FULL NAME *Beatrice M. Immer*  
 (a) Residence, No. .... St. .... 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 28 1915*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<i>17</i>	<i>6</i>	<i>22</i>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*  
 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 16*

FATHER  
 13. NAME *John C. Immer*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Blot Knob Mo*

MOTHER  
 15. MAIDEN NAME *Mary Loecke*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*

17. INFORMANT (ADDRESS) *John C. Immer Germany*

18. BURIAL, CREMATION, OR REMOVAL *our place St Peter's Burial Unit* DATE *Oct 22 1932*

19. UNDERTAKER (ADDRESS) *John J. Roberts 4905 S Grand Blvd*

20. FILED *10-21* 19 *Dr. J. W. ... Mo* Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 20* 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 18* 19 *32*, to *Oct 7* 19 *32*.  
 I last saw her alive on *Oct 15* 19 *32*. Death is said to have occurred on the date stated above, at *5:00* A. m.  
 The principal cause of death and related causes of importance were as follows:  
*Aortic Regurgitation & ac*  
*Cardiac dilatation 9.50*  
 Date of onset *Nov 1931*

Other contributory causes of importance:  
*Hypertension*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? *yes*

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) *Walter H. V. Hoepf* M. D.  
 (Address) *St. Mary's 1536 Papin St*

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