

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

Do not use this space.

34297

1. PLACE OF DEATH

County..... Registration District No. 1780
 Township..... Primary Registration District No. 10
 City *St. Louis Mo.* (No. *2504 N. 22nd St.*) St. Ward)

File No.
 Registered No. **9657**
 St. Ward)

2. FULL NAME

(a) Residence, No. *2504 N. 22nd St.* St. *20* Ward.

(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) *May 2nd 1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 27

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.

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 *Fred. Reimers*

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

15. MAIDEN NAME *Margaret Hamelman*

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

17. INFORMANT *F. G. Reimers* (ADDRESS) *2504 N. 22nd St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Graves* DATE *Nov 1st 1932*

19. UNDERTAKER *Hy. Leidner, M.D. Co* (ADDRESS) *1517 N. Market St.*

20. FILED *OCT 31 1932* *May O. Starck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 29*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *August 1*, 19*32*, to *October 29*, 19*32*

I last saw him alive on *October 28*, 19*32* Death is said

to have occurred on the date stated above, at *5 A.* m.

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

Chloral Intoxication
92A
1180
T. J. A.

Other contributory causes of importance:
Acute Gastritis from eating fish

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?

If so, specify
 (Signed) *August Kleyskamp*, M. D.
 (Address) *2312 Delaware Street*

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.

