

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

Do not use this space.

36937

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Kirkwood (No. 440 St. Madison) St. _____ Ward _____

2. FULL NAME Laura Blankmeyer
 (a) Residence No. 440 St. Madison 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.

File No. _____
 Registered No. 228

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-27-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER H. Roebber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Seiss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Louis Blankmeyer
 (Address) 440 St. Madison Kirkwood

15. FILED 11/26 32 L. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-26-1932
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1932, to Nov. 25th 1932, that I last saw him alive on Nov. 25th 1932, and that death occurred, on the date stated above, at 5:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
11 1/2 yrs (duration) yrs. mos. ds. 20
 CONTRIBUTORY (SECONDARY) Pneumonia of Lungs
3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Henry Hanson M. D.
19 (Address) Kirkwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem DATE OF BURIAL 11/29 1932
 20. UNDERTAKER Louis St Bopp ADDRESS Kirkwood

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.

W. J. P. PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 5 1933

