

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

Do not use this space.

✓ 37196

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. Lutheran Hospital) _____ St. _____ (Ward)

File No. _____
Registered No. 9811
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. 4141 Burgin St., 15 Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Hatfield Ill</u>		
13. NAME <u>My Kimmel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Christina Schlichter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Harry Reip</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marys</u> DATE <u>Nov. 7 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wm Schumacher</u>		
20. FILED <u>NOV - 7 1932</u> <u>Wm O. Parker</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1932 to Nov. 4 1932

I last saw him alive on Nov. 4 1932 Death is said to have occurred on the date stated above, at 1:20pm.

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

Nephrolithiasis Date of onset 1926
Nephritis Chronic 1929

Other contributory causes of importance:
Cholecystitis

Name of operation _____ Date of _____
What test confirmed diagnosis? K Ray 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) W. Waggenbach, M. D.
(Address) 4738 E. Morris Av.

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.

4758 1/2 Grams

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