

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

Do not use this space.

37352

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. **9986**  
 City St Louis Mo (No. 2122 Nebraska Ave) St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 7 12

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

9. BIRTHPLACE (CITY OR TOWN) Germany 10 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Anthony Bauer (Address) 2122 Nebraska Ave

15. FILED NOV 12 1932 Walter C. Starn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Nov 10 1932  
 that I last saw him alive on Nov 10 1932, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis (Chronic)  
151 Nephritis (Chronic)  
93 Cardiac Delegation (Acute)  
953 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (D)  
 IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Aut  
 (Signed) J. Phil Bardenheier, M. D.  
 (Address) 2104 California Ave.

\*State the DISEASE CAUSING DEATH, of its 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 Peter & Paul Court DATE OF BURIAL Nov 14 1932

20. URDERTAKER Wm J. Robert ADDRESS 1905 1/2 Grand

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.

