

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

37692

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1008**
 City **St. Louis** No. **3306 1/2 So. 18th St.** St. _____ Ward _____

File No. _____
 Registered No. **10386**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3306 1/2 So. 18th St.** St. **24** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 16th 1848</i>		
7. AGE	YEARS <i>84</i>	MONTHS <i>2</i>
	DAYS <i>6</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i>	
	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)	<i>Germany</i> <i>10</i>	
FATHER	13. NAME <i>Mr. Blickhahn</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Mrs. A. Merckheim</i> (ADDRESS) <i>3306 So. 18th St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Old St. Marcus</i> DATE <i>Nov. 24th 1932</i>		
19. UNDERTAKER <i>Mr. Schumacher</i> (ADDRESS) <i>3015 Meramec</i> <i>NOV 23 1932</i>		
20. FILED <i>Nov 23 1932</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 22nd 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20 3:22* to *Nov 22 3:2*

I last saw her alive on *Nov 21 1932* Death is said

to have occurred on the date stated above, at *7:00 AM*

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

Arterio sclerosis

97
167

Other contributory causes of importance:

Senility

23. 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) *J. S. Demand*, M. D.

(Address) *3115 S. Grand*

Handwritten text at the top right of the page, possibly a date or reference number: 10/12/12