

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

Do not use this space.

11667

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1009
 City St. Louis (No. 8334) Frederick Street File No. Registered No. 2745
 St. Ward)

2. FULL NAME

(a) Residence, No. 8334 Frederick St., 8 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Keimeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 25, 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>John Keimeier, 2387 Park Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Mar. 23rd, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Hermann & Son, 2161 East Park Ave.</u>		
20. FILED <u>22</u> 19 <u>33</u> <u>Wm. C. Utzman</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/20/33, 1933 to 3/20/33, 1933.
 I last saw her alive on 3/19/33, 1933. Death is said to have occurred on the date stated above, at 9:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Breast Date of onset 1930
57
57
 Other contributory causes of importance:
 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? No.
 If so, specify.....
 (Signed) W. Chopin....., M. D.
 (Address) 8321/20th

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.

