

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

Do not use this space.

14365

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 784

Township St. Ferdinand

Primary Registration District No. 6030

City

(No. Villa Jean)

Riverside Ave

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Riverside Ave

(Usual place of abode)

St. .... Ward. Baden, Mo.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 3 1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
		DAYS <u>14</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>Teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Parochial School</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>Alsace-Lorraine</u>		
MOTHER	13. NAME <u>John Hess</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsace</u>	
	15. MAIDEN NAME <u>Mary Likes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsace</u>	
17. INFORMANT <u>Sister M. Remedios</u> (ADDRESS) <u>Villa Jean Baden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Villa Jean Cem.</u> DATE <u>April 19</u> , 19 <u>33</u>		
19. UNDERTAKER <u>C. Hoffmeister &amp; Co.</u> (ADDRESS) <u>7814 So Broadway</u>		
20. FILED <u>April 18</u> , 19 <u>33</u> <u>Emma J. Harris</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1931, 19... to April 16, 1933  
I last saw her alive on April 16, 1933. Death is said to have occurred on the date stated above, at 12:30 am.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Chronic Interstitial Nephritis  
1931  
1931  
Other contributory causes of importance:  
Hypertension, arterial

Name of operation none Date of.....  
What test confirmed diagnosis? exam. Was there an autopsy? no

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) Albert A. Senk, M. D.  
(Address) 5301 E. Chestnut Ave

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.

MAY 24 1933

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