

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No.) St. Ward)

24431
File No.
Registered No. **5781**

2. FULL NAME

Gertrude Blasmeier
(a) Residence, No. 1915 Ferry St. No. 76 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Germany

13. NAME Carroll Steen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anton Blasmeier
(ADDRESS) 1915 Ferry St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 4th 1933

19. UNDERTAKER Edward Koch
(ADDRESS) 3516 N. 14th St.

20. FILED 77 - 2 1933 19 77 Credeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to July 2nd 1933
I last saw him alive on July 1st 1933, Death is said to have occurred on the date stated above, at 3:29 a.m.

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

Cancer of Rectum
46 D

Other contributory causes of importance:

Complications of therapy
(Radium)

Name of operation (Radium) Date of no

What test confirmed diagnosis? 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 Cancer of Rectum
(Signature) Edmond Theo Vogel, M. D.
(Address) 4244 N. Fremont

WHITE 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.

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