

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

Do not use this space.

34458

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. ....  
City..... *St. Louis* (No. **307** & Encl'd)

File No. ....  
Registered No. **8587**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *710 Tuxedo Blvd.* St. *17* Ward. *Webster Groves, Mo.*  
(Usual place of abode)  
Length of residence in city or town where death occurred **0** yrs. **0** mos. **4** 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) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Federer*  
6. DATE OF BIRTH (MONTH/DAY AND YEAR) *Oct 23, 1868*  
7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min. *64 11 8*  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housewife*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Belleville*  
(STATE OR COUNTRY) *Illinois*  
10. NAME OF FATHER *James P. Bevert*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Tenn.*  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER *Maria Meyer*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ky.*  
(STATE OR COUNTRY)

14. INFORMANT *Miss Alice L. Federer*  
(Address) *710 Tuxedo Blvd Webster Groves Mo.*

15. FILED **OCT -2 1933** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 2 1933*  
17. I HEREBY CERTIFY, That I attended deceased from *Sept 23 1933*, 19... to *Oct 2 1933*, 19... that I last saw her... alive on *10/2/33*, 19... and that death occurred, on the date stated above, at *11 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Arteriosclerosis of Right Heart*  
*Chronic Myocarditis*  
CONTRIBUTORY (SECONDARY) *Chronic Myocarditis*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? *No*  
DATE  
WAS THERE AN AUTOPSY? *No*  
WHAT TEST CONFIRMED DIAGNOSIS *all 4200*  
(Signed) *G. H. Wilson*, M. D.  
*10/2, 1933* (Address) *Humboldt Bldg*

\*State the DISEASE CAUSING DEATH, or in 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 *Walnut Hill, Belleville* DATE OF BURIAL *Oct 5, 1933*

20. UNDERTAKER *Gundlach & Co.* ADDRESS *Belleville*

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.

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Ill

McLain

C. F. Wilson

Humboldt Alley

839 N. Second

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