

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

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

Do not use this space.

41340

96 1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Darmstaedter
 (a) Residence, No. Wager Rd. Carondelet Township (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 MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>5</u>	<u>30</u>	

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

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 Jacob Helfrich

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

15. MAIDEN NAME unknown

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

17. INFORMANT Helena Darmstaedter
 (ADDRESS) Wesley Rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Matthews DATE 12-23-33

19. UNDERTAKER J. C. Ziegenhein & Sons
 (ADDRESS) 712 1/2 Sprague
150 25 1000

20. FILED _____ 19 _____
10 415d MA
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26 1933, to December 20 1933
 I last saw her alive on December 19 1933. Death is said to have occurred on the date stated above, at 5:45 PM
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
93C
106B
87B
 Other contributory causes of importance:
Chronic Bronchitis
6 months

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical. 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? _____
 If so, specify _____
 (Signed) D. B. Hoefler, M. D.
 (Address) 2120 S. Grand Blvd

