

WHITE PAINLY, 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.

JAN 26 1934

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

Do not use this space.

41360

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 City St. Louis (No. 4938 Seibert Ave.)  
 Township (Gardenville) Primary Registration District No. 6248 G  
 File No. \_\_\_\_\_  
 Registered No. 884  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alma Imfeld  
 (a) Residence, No. 4938 Seibert Ave. St. \_\_\_\_\_ 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married.</b>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Paul J. Imfeld.</b>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar. 20, 1888.</b>					
7. AGE	YEARS <b>45</b>	MONTHS <b>8</b>	DAYS <b>25.</b>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home.</b>				
	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) <b>St. Louis, Mo.</b>					
FATHER	13. NAME <b>Godfrey Kluge.</b>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany.</b>				
MOTHER	15. MAIDEN NAME <b>Frances Haupt.</b>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>				
17. INFORMANT <b>Paul Imfeld</b> (ADDRESS) <b>4938 Seibert Ave.</b>					
18. BURIAL, CREMATION, OR REMOVAL					
New Place <b>St. Peter &amp; Paul</b> DATE <b>Dec. 18, 1933</b>					
19. UNDERTAKER <b>J. N. Gebken S. U. Co.</b> (ADDRESS) <b>2842 Maramec St.</b>					
20. FILED <b>Dec 16, 1933</b> <b>W. G. Tate M.D.</b> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-8-33, 19\_\_\_\_, to 12-15-33, 19\_\_\_\_.  
 I last saw him alive on 12-15-33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset 12-15-33  
**Chronic Myocarditis**  
**Apoplexy**  
 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) **A. C. Halperin M.D.**  
 (Address) **8200 S. Grand**

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