

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

Do not use this space.

42138

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 924 Bates St.) St. Ward)

File No.
Registered No. 11209
St. Ward)

2. FULL NAME

(a) Residence, No. St., 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 29, 1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>10</u>
	DAYS <u>28</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>Housewife</u>	
	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)	<u>Bellefonte Pa</u>	
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>	
17. INFORMANT (ADDRESS)	<u>Joseph Doller</u> <u>924 Bates</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Sunset Burial Pl.</u> DATE <u>12-30-33</u>	
19. UNDERTAKER (ADDRESS)	<u>C. Hoffmeyer</u> <u>2924 S. Grand</u>	
20. FILED	<u>DEC 29 1933</u> <u>J. F. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Dec 28, 1933
I last saw her alive on Dec 27, 1933. Death is said to have occurred on the date stated above, at 7:57 am.
The principal cause of death and related causes of importance were as follows:
Chloroform poisoning Date of onset 12/27/33
108

Other contributory causes of importance:
✓ 108

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) Edw. H. Gerwey, M.D.
(Address) 2924 S. Grand

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.

Good

1-2-6-7.