

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.

MAR 24 1934

**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.....
 Township..... Primary Registration District No. **1013**
 City **St. Louis Mo.** (No. **Bethesda Hospital**)

791

File No. **6483**
 Registered No. **1322**
 St. Ward)

2. FULL NAME

(a) Residence, No. **1721 Iowa av. St.** **23** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 18-1929**
 7. AGE YEARS **4** MONTHS **3** DAYS **1** If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
 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) **St. Louis Missouri**
 (STATE OR COUNTRY)

MOTHER FATHER
 13. NAME **Adam Lindner**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis Missouri**
 (STATE OR COUNTRY)

MOTHER FATHER
 15. MAIDEN NAME **Hilda Mundwiler**

MOTHER FATHER
 16. BIRTHPLACE (CITY OR TOWN) **Herman Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. Hilda Lindner**
 (ADDRESS) **1721 Iowa av.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Cahary Cemetery** DATE **Feb 7 1934**

19. UNDERTAKER **E. W. Schurer**
 (ADDRESS) **3125 Lafayette av.**

20. FILED **EB - 6 1934**
J. P. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 5 1934**
 22. I HEREBY CERTIFY, that I attended deceased from **Jan 30 1934** to **Feb 5 1934**
 I first saw him alive on **1/31**, 19**34** Death is said to have occurred on the date stated above, at **1.45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Branch Pneumonia Date of onset **1/22**
Empyema thoracis
Other contributory causes of importance: **Other** **2**
Acute **1/30/34**

Name of operation **Thoracotomy** Date of **1/30/34**
 What test confirmed diagnosis **Autopsy** Was there an autopsy? **yes**

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) **J. P. Bredeck** M. D.
 (Address) **St. Louis Mo.**

