

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

Do not use this space.

6993

MAR 24 1934

**1. PLACE OF DEATH**

County St. Louis Registration District No. 701  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. City Infirmary)

File No. 1871  
Registered No. 1871  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. City Infirmary St. 13 Ward         

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/15/1851</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>4</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, .....hrs. or .....min.
<u>Housework</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)         

MOTHER | 13. NAME Unknown

FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

MOTHER | 15. MAIDEN NAME Unknown

FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

17. INFORMANT Jordan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 23 1934

19. UNDERTAKER Bridonville Funeral Home (ADDRESS) 49 1/2 St. Louis ave

20. FILED FEB 22 1934 J. Bredbeck Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1 to 2/21, 1934

I last saw him alive on 2/21, 1934 Death is said to have occurred on the date stated above, at 11:27 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset         

11-2  
930

Other contributory cause of importance:

Senility

Name of operation None Date of         

What test confirmed diagnosis? Clinical Is there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury         , 19        

Where did injury occur? No (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) John Eschenbamer, M. D.

(Address) 5600 Anna

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.

