

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.

MAR 24 1934

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

Do not use this space.

7021

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. City Infirmary)

Registration District No. 701
Primary Registration District No. 1003

File No.
Registered No. 1903 (Ward)

2. FULL NAME

Louisa Fluhrer
(a) Residence, No. 5800 Arsenal St. 13 Ward.

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 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) April 6 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
84 10 16

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

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) New Orleans, La

13. NAME Henry Fluhrer

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

15. MAIDEN NAME Francis Gardner

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

17. INFORMANT J. Jordan (ADDRESS) Isolation Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Feb 24 1934

19. UNDERTAKER (ADDRESS) Shaker & Haldell

20. FILED 23 1934 J. Brudek Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1934 to Feb. 22 1934

I last saw her alive on Feb. 22 1934 Death is said to have occurred on the date stated above, at 2:00 p. m.

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

Chr. Myocarditis Date of onset
Chr. Endocarditis

Other contributory causes of importance: Senility

Name of operation Date of
What test confirmed diagnosis? 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) See Newman M. D.
(Address) Isolation Hosp

