

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....
Towship.....
City..... **St. Louis.**

Registration District No. **791**
1003
Primary Registration District No.
(No. **4022 Minnesota Ave.**)

File No.
Registered No. **7148**
2030
St. Ward)

2. FULL NAME **Maria Anna Abkemeier,**
4022 Minnesota Ave. St. 18 Ward.
(a) Residence, No. (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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Casper H. Abkemeier.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1862.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 12.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
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) Germany.

13. NAME Basilius Breer.

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

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mrs. Abkemeier
(ADDRESS) 4022 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter and Paul Cem. Feb. 27, 1934

19. UNDERTAKER J. J. Brebeck
(ADDRESS) 2842 Meramec St.

20. FILED 20 1934 19 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Feb. 24, 1934
I last saw her alive on Feb. 24, 1934 Death is said to have occurred on the date stated above, at 2:50 P. m.
The principal cause of death and related causes of importance were as follows:

Septicaemia = due to Parotid Abscesses (bilateral)

Other contributory causes of importance:

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) J. J. Simon, M. D.
(Address) 4000 Chouteau Ave

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.

STATE OF TEXAS, COUNTY OF DALLAS, ss. I, the undersigned, a Notary Public in and for said State, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of said County.

Witness my hand and seal of office at Dallas, Texas, this _____ day of _____, 19____.

Notary Public in and for the State of Texas.

REGISTRARS SHALL NOT RECEIVE A F. I. C. IF DATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003

File No. 7148
Registered No. 2030
St. Ward)

2. FULL NAME

(a) Residence, No. 4022 Minnesota 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

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

Septicemia due to (Parotid abscesses) (Chelateral) Cause NOT KNOWN
Other contributory causes of importance: **NOT MUMPS**
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED

9-4 1934 J. F. Bredek Registrar.

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?
If so, specify...

(Signed) M. D.
(Address)

SUPPLEMENTARY

Y-5-7147