

**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. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo**

(No. **3922^e California**)

File No. **10711**

Registered No. **2533**

St. Ward)

2. FULL NAME

(a) Residence. No. **3922^e California St., 24** 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 **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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 7/1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Home wife**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis, Mo**

10. NAME OF FATHER **unk known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

12. MAIDEN NAME OF MOTHER **unk known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **unk known**

14. INFORMATION **Mrs Josephine Brown**
(Address) **3922^e California**

15. FILED **MAR 13 1934** **J. Bedeck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 12 - 1934**

17. I HEREBY CERTIFY, That I attended deceased from **March 10th** 19**34**, to **March 12th** 19**34** that I last saw him alive on **March 12th** 19**34**, and that death occurred, on the date stated above, at **4:13 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **H. W. Steuermann** M. D.

Mar. 13th 1934 (Address) **3108 Chippewa St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Matthews **Feb 15 1934**

20. UNDERTAKER ADDRESS

Ziegler Bros 2623 Cherokee

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 25 1934

