

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. **791**  
Primary Registration District No. **1008**

File No. **11327**  
Registered No. **3230**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3816 Michigan St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 11 25

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

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) St. Louis Mo

13. NAME Chas. Haase

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

15. MAIDEN NAME Frieda Sheep -

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

17. INFORMANT (ADDRESS) Hosp. Inf. Dr. Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Peter & Paul Cem. DATE Apr. 2 1934

19. UNDERTAKER (ADDRESS) J. N. Kepken 2845 Meramec St.

20. FILED APR 31 1934 J. H. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 3/10- 1934, to 3/29 1934

I last saw her alive on 3/29- 1934 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Influenza 1105  
Pleural Effusion 1100  
Other contributory causes of importance

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chin 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? Yes  
If so, specify \_\_\_\_\_

(Signed) J. H. Bredeck, M. D.  
(Address) City Hospital

