

MAY 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. LouisRegistration District No. 791
1003

Township

Primary Registration District No.

City St. Louis(No. City Lafayette)File No. 14428Registered No. 3602

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2637 of 222nd Elizabeth Ave St. _____ Ward 23

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 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) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman (deceased)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 18547. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 5 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri13. NAME Unknown

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

15. MAIDEN NAME ? Schaffer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) J. Jordan 5800 Aveanna St18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. PETER - PAUL DATE April 10 193419. UNDERTAKER (ADDRESS) Chas Brockland & Co. 1421 N. 9th20. FILED APR 10 1934 J. Bredeck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7 193422. I HEREBY CERTIFY, That I attended deceased from 3/15 1934 to 4/7 1934I last saw her alive on 4/7 1934 Death is saidto have occurred on the date stated above, at 11:15 A.M.

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

Chronic Myocarditis Date of onset730133A135B

Other contributory causes of importance:

Pyonephrosis & CystitisName of operation None Date of _____What test confirmed diagnosis? Clinical Yes there an autopsy? Yes

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?

If so, specify _____

(Signed) John Eschenbrenner M.D.(Address) 5600 Aveanna

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.

