

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

Do not use this space.

18642

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St Louis* (No. *2703*, *Simple Ave.*)..... St..... Ward.....

File No.....
Registered No. **5135**..... Ward.....

2. FULL NAME

(a) Residence, No. St. **6** 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 17, 1869*

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

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) *St Louis Mo*

13. NAME *Herman Belzheuser*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

15. MAIDEN NAME *Sophie Ott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

17. INFORMANT *Mrs. Bertha Klein*

(ADDRESS) *2703 Simple*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St Marcus* DATE *5/23 - 1934*

19. UNDERTAKER *C. Hoffmeister & Co.*

(ADDRESS) *2814 So. Broadway*

20. FILED *40 100 19* *J. Brebeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 19*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 23th*, 19*29* to *May 19th*, 19*34*

I last saw her alive on *May 19th*, 19*34* Death is said to have occurred on the date stated above, at *10.40 A* m.

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

Chr. generalized arthritis deformans, rendering pt. totally bedfast for number of yrs. Was in the home of incurables for 3 yrs, under my supervision.

Other contributory causes of importance: *131*

Secondary cause: Chr. myocarditis, chr. endocarditis, Chr. int. nephritis. over ?

Name of operation Date of operation

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) *J. B. Timon* M. D.
(Address) *3718 Jennings, Rd.*

JUN 19 1934

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.

Cardiac decompensation 3 months.