

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

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.

AUG 15 1934

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. *3113 N. 20th St.*) St. (Ward)

File No. **27259**
Registered No. **7498**

2. FULL NAME *Elizabeth Harte*

(a) Residence, No. *3113 N. 20th St.* St. *26* Ward.

(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) *Nov. 14 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 11

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

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 *Sout know Schaeper*

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

15. MAIDEN NAME *Sout know*

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

17. INFORMANT *William Harte* (ADDRESS) *3113 N. 20th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peters* DATE *July 25 1934*

19. UNDERTAKER *Wm. Leidner and Co* (ADDRESS) *1417 N. Market St*

20. FILED *ULL 211 39* *J. Bredeck* Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 24th 1934* to *July 25th 1934*. I last saw *her* alive on *July 25th 1934*. Death is said to have occurred on the date stated above, at *8:30 A.M.*

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

All Myocardial infarction about July 22 1934
Coronary atherosclerosis
99c
93F
191
Other contributory causes of importance:
Ch. Myocarditis
Heart failure
3.65 years
13 days

Name of operation *None* Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Douglas A. Rin* M. D.
(Address) *3108 Arsenal St.*

Dr. Reed
5108 University