

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

Do not use this space.

8130

**1. PLACE OF DEATH**

County.....

SEP 13 1934

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. ....)

St. Louis Deaconess Hospital

File No.....

30867

Registered No.....

Ward.....

**2. FULL NAME**

(a) Residence, No.....

(Usual place of abode)

St.....

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.

AP Union Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Fred Barlage</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 17 - 1878</i>		
7. AGE	YEARS <i>55</i>	MONTHS <i>7</i>
	DAYS <i>21</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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.....	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 7 1934*

22. I HEREBY CERTIFY, That I attended deceased from *7/27 1934* to *8/7 1934*

I last saw her alive on *8/7 1934* Death is said to have occurred on the date stated above, at *11:30 AM*

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

*Thymopneumonia, Septicemia, Toxic*

*6/28 6/28 9:30*

Other contributory causes of importance:

*Myocarditis, etc.*

Name of operation *Hydrothorax* Date of *8/4/34*

(What test confirmed diagnosis?) *of spec* 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? *No*

If so, specify.....

(Signed) *Fred W. Bailey*, M. D.

(Address) *2nd Bed*

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	13. NAME <i>Fred Helsenfeld</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Dorothy</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
FATHER	17. INFORMANT (ADDRESS) <i>Fred Barlage Union Mo</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Union Mo</i> DATE <i>8-11-34</i>
UNDERTAKER	19. UNDERTAKER (ADDRESS) <i>W. H. Groppe Inc</i>
	20. FILED <i>Aug 8 34</i> <i>J. P. Bredbeck</i> Registrar

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.

