

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

Do not use this space.

30891

1. PLACE OF DEATH

County SEP 13 1934
Township
City St. Louis, (No. 791
1003)

Registration District No. 791
Primary Registration District No. 1003
St. St. Anthony Hospital. Ward

File No.
Registered No. 8154
St. Ward

2. FULL NAME

Theresia Baudendistel
(a) Residence, No. 4120 Michigan Ave. St. 15 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Baudendistel.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 21, 1859.</u> | | |
| 7. AGE YEARS <u>75</u> | MONTHS <u>11</u> | DAYS <u>17</u> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u> |
| | 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 John Weber.

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

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Mrs. Fred Morrow
4120 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Don't know DATE Aug. 10, 1934

19. UNDERTAKER (ADDRESS) J. H. Gebken
2842 Meramec St.

20. FILED AUG 29 1934 J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934 Aug. 8, 1934

I last saw her alive on Aug. 8, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Carcinoma of Sigmoid (causing Intestinal Obstruction)
46C
122B
930
Other contributory causes of importance: Chronic Myocarditis

Name of operation Colostomy Date of 8/6/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 B. W. Klippel MD, M. D.
(Signed) B. W. Klippel MD, M. D.
(Address) 3772 S. Broadway

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.

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