

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

Do not use this space.

31318

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *2977 Green Ave*) St. Ward)

File No.
Registered No. **8621**
St. Ward)

2. FULL NAME

(a) Residence, No. *2977 Green Ave* St. *10* 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 *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*widowed*)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 11, 1861*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<i>72</i>	<i>11</i>	<i>23</i>	

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. *Home*

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 *Charles Stuedemann*

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

15. MAIDEN NAME *Mary Schwartz*

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

17. INFORMANT *Charles Hippe*
(ADDRESS) *2977 Green Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters* DATE *Aug 27, 1934*

19. UNDERTAKER *Pronostand Co*
(ADDRESS) *3710 N. Grand Blvd.*

20. FILED *26* 1934 19 *J. Brebeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 24, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 11, 1934*, to *Aug 24, 1934*
I last saw her alive on *Aug 24, 1934* Death is said to have occurred on the date stated above, at *11:30* p.m.

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

Coronary Thrombosis *8/16/34*
Chronic nephritis (P)
Chromyocarditis (P)

Name of operation Date of
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 *Hubert S. Guett* M. D.
(Signed) *3500 N. Grand Ave.*
(Address)

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.

A. M. P. 1882
3500 N. G. M. 1882.