

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

Do not use this space.

OCT 11 1934

34494

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **City Dept**)

File No.....
Registered No. **9298**
St. Ward)

2. FULL NAME

(a) Residence, No. **538 Baden St.** Ward. **8**

(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~~ **William Kerkake**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-6-22-1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 27

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

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

15. MAIDEN NAME **Elizabeth Meyer.**

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

17. INFORMANT (ADDRESS) **Harp Infants Tent City Dept**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Breeders.** DATE **Sept 22, 34**

19. UNDERTAKER (ADDRESS) **Math Hermann & Son 216 E 4th Ave**

20. FILED **FP 21 1934** **J T Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 19, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **9/13**, 19**34**, to **9/19**, **34**

I last saw **her** alive on **9/19**, **1934** Death is said

to have occurred on the date stated above, at **10 a.m.**

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

Myoma of Uterus
(Fibroids of Uterus)
(non-malignant)
Other contributory causes of importance:
546

Date of onset

Name of operation **Hysterectomy** Date of **9/19/34**

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) **J. J. Davis** M. D.
(Address) **City Dept**

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.

