

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

Do not use this space.

OCT 11 1934

34501

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis (No. 2013)

Registration District No. 791  
Primary Registration District No. 1008  
New House Dr.

File No. ....  
Registered No. 9305  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 2013 New House Dr. 26 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OR (OR) WIFE OF <u>Charles Anders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1864</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>2</u>
	DAYS <u>12</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>12</u>	
	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 Missouri

13. NAME  
Jack Haemmerle

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

15. MAIDEN NAME  
Josephine Klingler

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

17. INFORMANT  
(ADDRESS) Marvell Anders, 2013 New House Dr.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Sept 22, 34

19. UNDERTAKER  
(ADDRESS) E. J. Schaub, 2125 Lafayette Ave.

20. FILED SEP 21 1934  
J. A. Redick Registrar.

4. MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933 to Sept 19, 1934  
I last saw her alive on Sept 19, 1934 Death is said

to have occurred on the date stated above, at 2:15 p. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Hypertension  
Chronic nephritis  
Date of onset (7)  
Other contributory causes of importance:  
Cerebral apoplexy

Name of operation ..... Date of .....  
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? no  
If so, specify .....  
(Signed) Hubert S. Gueth, M. D.  
(Address) 3500 N. Grand

