

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

Do not use this space.

37179

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Lutheran Hospital)

File No.
 Registered No. 9923
 St. Ward

2. FULL NAME

(a) Residence, No. 527 Fullmore St., 1 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10, 1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>28</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) <u>Jefferson Co. Mo</u>		
MOTHER / FATHER	13. NAME <u>Unavailable</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
	15. MAIDEN NAME <u>Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
17. INFORMANT <u>Walter B. Meyer</u> (ADDRESS) <u>527 Fullmore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcs Cem.</u> DATE <u>Oct. 11, 1934</u>		
19. UNDERTAKER <u>C. Hoffmeister W & Co.</u> (ADDRESS) <u>1678 1/2 Broadway</u>		
20. FILED <u>Oct 10 1934</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1934 to 10/8, 1934
 I last saw her alive on 10/8, 1934. Death is said to have occurred on the date stated above, at 1:13 P.M.
 The principal cause of death and related causes of importance were as follows:
Branches Pneumonia (right side all three lobes), primary
 Date of onset

Other contributory causes of importance:
Unknown

Name of operation none Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) C. R. Hawes, M. D.
 (Address) 7219 Michigan

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.

