

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

Do not use this space.

38144

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Central

Primary Registration District No. 62484

City Cashman, Mo. (No. St. Mary's Hospital)

File No.

Registered No. 164

St. Ward

2. FULL NAME

(a) Residence, No. Sullivan Hotel St. 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 <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 - 1889</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>-</u>
		DAYS
		<u>-</u>
		IF LESS than 1 day, hrs. or min.
		<u>-</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	<u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
<u>at Home</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)		
<u>Chicago, Ill.</u>		
FATHER	13. NAME	
	<u>Charles F. Dehoff</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	<u>Ill.</u>	
15. MAIDEN NAME		
<u>Anna Walsh</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>N. Y.</u>		
17. INFORMANT (ADDRESS)		
<u>Clifford Albion Sullivan Hotel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE		
<u>Valhalla Crematory</u> DATE <u>Oct 9 - 1934</u>		
19. UNDERTAKER (ADDRESS)		
<u>Peltz Bros 3029 Lafayette Ave</u>		
20. FILED <u>Oct 8</u> 19 <u>34</u> <u>Gertrude Postor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Oct 6 1934

I last saw h. or. alive on Oct 6 1934. Death is said to have occurred on the date stated above, at 4 P m.

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

Agammaglobulinemia

71501

Date of onset 9-30-34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical 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 Victor E. Scherman M. D.

(Signed) Victor E. Scherman M. D.

(Address) 2919 So. Kingshighway, Mo.

WRITE PEAINLY, 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.

Dr. J. E. Sherman

2919 So. Fairview

La 3908