

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

Do not use this space.

FEB 2 1 1935

1. PLACE OF DEATH

County..... Registration District No. 761
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4393 Holly Hills Blvd.) St. 2996 Ward 226

2. FULL NAME

Christina M. Lager
 (a) Residence, No. 4393 Holly Hills Blvd. / Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August J. Lager.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 7 28

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home
 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) St. Louis, Mo.

13. NAME Anton May

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

15. MAIDEN NAME Elizabeth Lemkus

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

17. INFORMANT (ADDRESS) Ch. Lager 4393 Holly Hills Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE Jan. 8, 1935.

19. UNDERTAKER (ADDRESS) J. N. Heikew & Co. 2842 Meramec St.

20. FILED AN - 7 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933 to Jan. 5, 1935

I last saw her alive on Jan. 15, 1935 Death is said to have occurred on the date stated above, at 2:27 P. m.

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

Carcinoma of Uterus Date of onset Oct. 15, 1933
with metastases
 Other contributory causes of importance:
W.S.

Name of operation..... Date of.....
 What test confirmed diagnosis? Micro 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. F. Bredeck M. D.
 (Address) 3488 Grand

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.

100-112-26-37

