

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.

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

Do not use this space.

MAR 21 1935

4595

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township 11 Primary Registration District No. 3009  
City CAPE GIRARDEAU (No. St. Francis Hospital) Registered No. 49  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frederica Johanna Waldman  
(a) Residence, No. 2580 Spry 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug Waldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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) Cape Girardeau Mo.

13. NAME Hy Koller

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

15. MAIDEN NAME Elizabeth Bunting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

17. INFORMANT Elsie Waldman  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lammer Court DATE Feb-19 1935

19. UNDERTAKER Hannings Funeral Home  
(ADDRESS) Cape Girardeau Mo.

20. FILED 3-16 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1935 to 2-16 1935

I last saw h.e.r. alive on 2-16 1935. Death is said

to have occurred on the date stated above, at 3:12 P.M.

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

Carcinoma of the bowel 9-1-34?  
myocarditis 2-5-35

Other contributory causes of importance: Old age

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_, 1935

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) P. A. Ritter, M. D.

(Address) Cape Girardeau, Mo.

THE UNIVERSITY OF CHICAGO  
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