

MAR 1 5 1935

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

Do not use this space.

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1003

7227

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City *St. Louis* (No. *4427^a Strodtman Place*) St. Ward)

2. FULL NAME

(a) Residence, No. *4427^a Strodtman Place* St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *54* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wife of Bruno Kaempfe</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 30, 1880</i>		
7. AGE	YEARS <i>54</i>	MONTHS <i>2</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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 *Adam Theobald*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*15. MAIDEN NAME *Johanna Beyer*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*17. INFORMANT (ADDRESS) *Bruno Kaempfe 4427^a Strodtman Place*18. BURIAL, CREMATION, OR REMOVAL PLACE *Hiram Cem* DATE *Feb. 20*, 19*35*19. UNDERTAKER (ADDRESS) *Quidman & Sons 3934 Hayes St.*20. FILED *FEB 18 1935* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 17*, 19*35*22. I HEREBY CERTIFY, that I attended deceased from *Nov 6*, 19*34*, to *Feb 17*, 19*35*I last saw h. cr. alive on *Feb 16*, 19*35*. Death is said to have occurred on the date stated above, at *7:45* a.m.

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

Cancer of Ovaries, 1-yr. Date of onset*44*Other contributory causes of importance *Cancer of Liver 4/10*Name of operation *Oranostomy* Date of *7/7/34*What test confirmed diagnosis? *Specimen* Was there an autopsy? *No*23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* Date of injury

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) *J. F. Bredeck*, M. D. (Address) *2540 a California*

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2840^g Coef.

1-3 J. W. Peters