

163

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

Do not use this space.

MAR 26 1935

791
1003

10743

1. PLACE OF DEATH

County.....
Township.....
City.....
St. Louis

Registration District No.....
Primary Registration District No.....
1518

File No.....
Registered No.....
2362

2. FULL NAME

(a) Residence, No.
(Usual place of abode).....
1518 Broadway 23

(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) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julius Kerper.*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 17 1872*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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 *Franz Ascheier*

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

15. MAIDEN NAME *Bernadine Sealku*

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

17. INFORMANT (ADDRESS) *Julius Kerper 1518 Broadway*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *S. S. Peter & Paul Mar 14 1935*

19. UNDERTAKER (ADDRESS) *Thos. Kuntis 2906 Greenwood*

20. FILED *12 1935* Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/11/1935*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19... Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Pat. Poisoning (by) self administered at residence
Other contributory causes of importance:
1000

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal? *suicide* Date of injury *3/11/1935*
Where did injury occur? *St. Louis Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *suicide*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *Joseph H. Blum M.D.*
(Address) *St. Louis Mo.*

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.

