

APR 9 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1093  
City St. Louis (No. 2000, John Ave.)

File No. 10771  
Registered No. 2391  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2000 John Ave. St. Ward. 9  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 — 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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. Charles Mo.

13. NAME Mrs. Hensiek

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

15. MAIDEN NAME Elizabeth Mueller

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

17. INFORMANT Charles F. Tommer

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar 14 1935

19. UNDERTAKER Beiderwiden Funeral Home

20. FILED 13 1935 19 Jo. J. Bredak Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to March 11 1935

I last saw her alive on March 11 1935 Death is said

to have occurred on the date stated above, at 11:00 P.M.

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

Essence Pyralis  
Parkinson's disease  
Hypertension  
From Trauma

Date of onset

6. Mon. 41

Other contributory causes of importance

Arterial Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external cause (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) A. J. Vogler, M. D.

(Address) 4244 W. Rowland

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.

100861-12-23

